

Withdrawal Application - Leaving Service

LIFETIME MASTER TRUST

Despite leaving service, your benefit will be retained in the Lifetime Master Trust (LMT) and automatically transferred into the Lifetime Savings (Deferred) section of the Scheme.

Use this form to apply for a withdrawal or transfer from your LMT account. Once you have completed and signed this form please send it and any supporting documents to the address above.

Note:

- If you do not select an option in Section (b) for your benefit, your benefit will automatically be transferred into Lifetime Savings (Deferred).
- No benefit payment will be made until the Administrator has received the final contribution from your employer and Lifetime has received current proof of your bank account and identify (see Sections (d) and (e)).

*These fields must be completed

(a) Member personal details

*Member number

*Date of birth

*Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

*First names

*Surname

*Residential address

Postcode:

*Postal address (if different from above)

Postcode:

*Please provide at least one contact number

Home phone

Mobile phone

*Email

*IRD number

Prescribed Investor Rate (PIR)

☐ 10.5% ☐ 17.5% ☐ 28%

We deduct PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. If you're unsure of your PIR, please contact your Adviser or Inland Revenue.

1. Lifetime Savings (Deferred) - continue saving for retirement

Although you cease to be a member of your employer's plan, you are able to continue saving for your retirement in the Lifetime Master Trust's non-employee section: Lifetime Savings (Deferred). Lifetime will partner with you as you save for retirement to ensure you can retire with confidence.

Lifetime Savings:

- Is independent from your current employer and their plan. Your retirement savings will remain invested in the same funds you are currently invested in.
- You can continue to access your account through the online portal.
- You can continue making regular contributions to your retirement savings.
- You can make a full or partial withdrawal whenever you choose.

Further information, including management fees and a Product Disclosure Statement for Lifetime Savings (Deferred) members, can be found at lifetimeworksavings.co.nz.

I would like to retain my benefit in the LMT Lifetime Savings (Deferred) section: Yes ☐ No ☐
(Please complete Section (c))

2. Lifetime Retirement Income - making your retirement savings last

If you are nearing retirement, Lifetime operates the largest retirement income fund in New Zealand. Lifetime is passionate about ensuring retirees have an income designed to last their lifetime, so retirees can spend with confidence.

Lifetime Retirement Income:

- Fortnightly, tax-paid, fee-paid income payments into your bank account the same day as NZ Super.
- Your Account Balance is paid to your estate upon death.
- You can make a full or partial withdrawal whenever you choose. There are no withdrawal penalties.
- Joint incomes available for couples.
- The team at Lifetime review your income annually to ensure you are on track to enjoy an income for life.

Further information about Lifetime Retirement Income, including Product Disclosure Statement, can be found at lifetimeincome.co.nz.

If you are interested in transferring your LMT account balance into Lifetime Retirement Income, please tick the box below and Lifetime will contact you with more information.

☐ I would like to learn more about Lifetime Retirement Income. My preferred contact method is: Email ☐ Phone ☐

3. Withdraw benefit into my bank account

- Withdraw all of my benefit from the Scheme ☐
- Withdraw part of my benefit from the Scheme ☐ Transfer amount: \$
- Set up regular withdrawals (minimum amount of \$100.00 per month). Withdrawals are paid on the last business day of each month
Regular monthly withdrawal amount: \$

If you would like to make a withdrawal (of any amount) into your bank account, please complete Section (d).

4. Transfer benefit to a superannuation scheme

You can transfer your benefit into a superannuation scheme i.e. Kiwisaver, where your money will remain until you turn 65 years old.

- Transfer my benefit to a superannuation scheme ☐
- Transfer my benefit to Kiwisaver ☐

Name of the scheme I am transferring into:

If your employer's plan included insurance benefits, you may have the option to continue the cover without the need to answer health questions. You must apply within the period specified in the policy document. An insurance specialist will be in touch with you to discuss a replacement policy if you tick the box below.

I wish to replace my insurance benefit in the Scheme with a personal life insurance policy. Yes ☐ No ☐

My preferred contact method is: Email ☐ Phone ☐

Account name

[illegible]

Account number

Please provide your proof of bank account in the form of an original pre-encoded bank deposit slip or an original bank statement. The bank account must be a NZ bank account in your name or be a joint account incorporating your name.

* (e) Provide your identification to verify your identity

Please complete Option 1 in the table below and attach copies of the requested document (please tick which document you are providing). If you can not provide a document from Option 1, then complete Option 2 or 3.

Option 1: ONE document from this section

<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

Option 2: ☐ NZ Driver's Licence PLUS (ONE of the of the documents from this section)

<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 6 months

Option 3: ☐ 18+ Identity card PLUS (ONE of the documents from this section)

<input type="checkbox"/>	NZ full birth certificate/birth certificate issued by foreign government	<input type="checkbox"/>	NZ citizenship certificate/citizenship certificate issued by foreign government
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IMPORTANT: If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this form.

Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section.

The document you supply needs to show the residential address detailed in section (a) and be dated within the last 6 months.

☐ Letter or invoice from utility company ☐ Bank statement ☐ Letter from government agency (e.g. Inland Revenue, rates bill)

Verification of identity electronically

In order to verify your identity and address electronically, please provide us with copies of the documents listed in above. Note: identity verification documents must be New Zealand documents and current (i.e. not expired).

☐ I authorise Lifetime Asset Management Limited to electronically verify my identity and address.

If you do not wish Lifetime to verify your identity and address electronically, please select an alternative in Section (f).

(f) Certify or verify your identity

Note: you only need to complete this section if you do not want your identity electronically verified as per your selection in Section (e).

Your identity can be certified by a trusted referee (use the first box below), or verified by an Adviser or Lifetime employee acting as agent of Lifetime (use the second box below). If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country, state or territory where the documents are being certified. For more guidance on who can act as a trusted referee overseas, please contact your Adviser or Lifetime.

1)

DECLARATION BY TRUSTED REFEREE (CERTIFYING **IN** NEW ZEALAND)

I, confirm that

- I have sighted today the original of each document identified with a tick in section (f) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents initialled and dated by me.
- The documents that have been provided represent the identity of the person named in section (a) of this form.
- I am a (tick one of the following)
- I am not related to and do not live at the same address as the person named in section (a) of this form.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> New Zealand Lawyer | <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Notary Public | <input type="checkbox"/> Registered Medical Doctor |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Police Constable | <input type="checkbox"/> Registered Teacher | <input type="checkbox"/> Kaumātua |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Minister of Religion | <input type="checkbox"/> Commonwealth Representative | <input type="checkbox"/> NZ Honorary Consul |
| <input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives acting in the employment of a lawyer | <input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court | | |

Signature of trusted referee

Dated

D	D	M	M	Y	Y	Y	Y
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OR

DECLARATION BY TRUSTED REFEREE (CERTIFYING **OUTSIDE** NEW ZEALAND)

I, confirm that

- I have sighted today the original of each document identified with a tick in section (f) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents initialled and dated by me.
- The documents that have been provided represent the identity of the person named in section (a) of this form.
- I am a
- In this capacity, I am authorised to take statutory declarations under the laws of
- I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

D	D	M	M	Y	Y	Y	Y
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OR

2)

DECLARATION BY ADVISER OR LIFETIME EMPLOYEE (AS AGENT OF LIFETIME)

I, confirm that

- I have sighted today the original of each document identified with a tick in section (f) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement, are true copies of those documents initialled and dated by me.
- The documents that have been provided represent the identity of the person named in section (a) of this form.
- Lifetime has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that Lifetime is relying on me to perform those functions for it.
- I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of Adviser/Lifetime Employee

Dated

D	D	M	M	Y	Y	Y	Y
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(g) Privacy

The personal information you are providing in this form (or in connection with this form), is being collected for the main purpose of effectively administering and managing your Lifetime Master Trust account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your withdrawal or transfer. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you. The information may be used by, and disclosed to the Manager, Lifetime Asset Management Limited, the Administration Manager, or other entity involved in the administration and management of the Lifetime Master Trust (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity

☐ I agree that this information may be collected, held and disclosed for these purposes.

The information is being collected by the Manager, whose address is Lifetime Asset Management, PO Box 10760, Wellington 6140, and will be held by Link Market Services Limited who you can contact at PO Box 91976, Victoria Street West, Auckland 1142. You can request access to your personal information and can ask that it is updated by calling 0800 266 268.

*Checklist

Please check you have completed the form correctly

☐ Have you completed all fields with an * ?

☐ Have you signed this form, Section (g)?

☐ If applicable, have you provided proof of bank account in Section (d)?

☐ Have you included your identification documents in Sections (e) and, if applicable Section (f)?

(h) Member's acknowledgment

I apply to the Manager of the Lifetime Master Trust to withdraw the amount referred to in Section (b).

I certify the information given in this form is true and correct. I indemnify Lifetime Asset Management Limited as Manager of the LMT and Lifetime Trustees Limited as the Supervisor, for any loss incurred or damage suffered by it or any other party resulting from any false or incomplete information given in this form.

*Member's signature

SIGN HERE

*Date

D	D	M	M	Y	Y	Y	Y
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