

Fisher Funds LifeSaver Plan Withdrawal Request

If you would like help in completing the form, please phone us on **0508 FISHER (0508 347 437)**, if calling from overseas **+64 9 445 3377**.

You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to **Fisher Funds Management Limited, Freepost 521, PO Box 1849, Wellington 6140, New Zealand** or email to **lifesaver@fisherfunds.co.nz**.

Who should complete this form?

Complete this form if you wish to make a withdrawal from the Fisher Funds LifeSaver Plan (*LifeSaver*).

If you are invested in LifeSaver through your Employer Scheme, you are referred to in this form as an workplace investor.

Workplace investors – you must complete this form if you are leaving or have left your employment. Please complete your sections of the form first, and then your employer is to complete the Employer Section. Making a withdrawal from LifeSaver may impact any insurance arrangement your Employer has established for you. Please talk to your Employer or insurance provider for more information.

Checklist

Please complete below and supply the relevant documents to support your request.

- Complete sections 1-3.
- Provide certified proof of identity (*refer to section 5 for approved identity documents and section 6 for how to certify those documents*).
- Provide proof of your bank account (*refer to section 4 for our requirements*).
- Provide proof of address (*refer to section 7 for our requirements*).

If your withdrawal is on the grounds of significant financial hardship, please complete the Significant Financial Hardship Withdrawal Form available from www.fisherfunds.co.nz and return it to us with this form.

Section 1: Member Details

Employer Name *(for Employee investors only)*

Title

First Name/s

Surname

Date of Birth

 / /

Member Number

IRD Number

Prescribed Investor Rate (PIR) *(please tick one)*.

10.5%

17.5%

28%

To work out your PIR, or for more information, visit www.fisherfunds.co.nz/pircalculator or call us on 0508 347 437.

Address

City

Country

Postcode

Home Phone

 ()

Work Phone

 ()

Mobile

 ()

Email Address

Section 2: Withdrawal Options

Full Withdrawal

Withdraw my full account balance and close my LifeSaver account.

Partial Withdrawal

Withdraw \$ of my savings *(minimum withdrawal amount is \$500)*.

If you are invested in more than one fFund you can indicate below which funds you would like your withdrawal deducted from, or leave it to us and we will withdraw an amount from each fund in line with the proportion in which you are currently invested in each fund.

Name of investment fund you wish to withdraw from

(e.g.: Preservation, NZ Fixed Income, Conservative, Balanced, Growth, Equity, or Trans Tasman Equity)

Dollar Amount of Withdrawal *(e.g.: All)*

 \$

 \$

 \$

Total

 \$

Regular Withdrawal

Set up or change a regular facility to withdraw \$ of my savings

(Minimum withdrawal amount is \$250, regardless of frequency).

If you are invested in more than one fund you can indicate below which funds you would like your withdrawal deducted from, or leave it to us and we will withdraw an amount from each fund in line with the proportion in which you are currently invested in each fund.

Name of investment fund you wish to withdraw from	Dollar Amount of Withdrawal
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>

Start Date

Frequency

 Fortnightly Monthly

Fortnightly withdrawals are made on every second Wednesday. Monthly withdrawals are made on the 20th of the month (or the next business day). Your first regular withdrawal will commence at the next available Wednesday or 20th of the month. We will write to you to confirm your start date.

Transfer my LifeSaver withdrawal (above) to another Fisher Funds investment

Please contact us on 0508 347 437 if you would like to talk to a financial adviser about suitable investments for you.

Name of Fund/s* you wish to transfer to	Dollar amount of investment (e.g: All)**
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Total (must equal amount to be withdrawn above)	\$ <input type="text"/>

* You will also need to receive an product disclosure statement and complete a corresponding application form for the Fund/s you are investing in.

** Minimum investment amounts may apply.

Section 3: Payment Details

We will only make payments in New Zealand dollars to either a New Zealand bank account or an international bank account held in your name either individually or jointly (the cost of an international transfer is paid by the member). We will adjust your withdrawal for any tax liability.

Name of Bank Account

Account Number

Bank

Branch

Account Number

Suffix

Name of Bank and Branch Address

Swift Code (if international bank account)

Section 4: Proof of your Bank Account

Please provide proof of your bank account name and number by supplying any one of the following:

- a pre-coded deposit slip
- a copy of a cheque
- a copy of a bank statement
- an over-the-counter printed receipt with a tellers stamp
- an online bank account statement with the name of the bank in the header/footer

Section 5: Identity Documents

Your application must be submitted with one of the identity document options set out in the table below. If these documents have been provided to us **after 30 June 2013**, they do not need to be provided again.

OPTION 1	OPTION 2	OPTION 3
<p>One of the following:</p> <ul style="list-style-type: none">■ Passport* (<i>pages containing name, date of birth, photograph and signature</i>)■ New Zealand firearms licence	<p>One of the following:</p> <ul style="list-style-type: none">■ Full birth certificate*■ Certificate of citizenship <p>PLUS one of the following:</p> <ul style="list-style-type: none">■ Overseas driver licence■ 18+ Card■ New Zealand drivers licence	<ul style="list-style-type: none">■ New Zealand drivers licence <p>PLUS one of the following:</p> <ul style="list-style-type: none">■ Original bank statement addressed to you and dated within the last three months■ Any New Zealand Government Department statement addressed to you dated within the last three months■ New Zealand SuperGold Card

**If you are supplying foreign identity documents you must also supply proof of New Zealand residency.*

Section 6: Certifying your Identity Documents

Identity documents **must be** certified by one of the following people:

- Justice of the Peace
- Registered Teacher
- Notary Public
- Registered Solicitor
- Registered Doctor
- Member of Parliament
- Chartered Accountant
- Police Officer

Identity documents **cannot be** certified by the following people:

- Yourself
- Someone related to you
- Your spouse or partner
- Someone who lives at the same address as you
- A person benefitting from this withdrawal

The person certifying your documents must write the following statement on the copies of your documents:

"I certify this to be a true copy of the original document and confirm it represents the identity of (full name)."

The person certifying your documents must include the following details:

- Their name
- Their signature
- Their occupation
- The date of certification

Certification must have been carried out within three months of your application. If you wish, you may personally bring your identity documents to the Fisher Funds office and we will copy and verify your documents.

Please do not send in original versions of your identity documents.

Section 7: Proof of Address

Please provide proof of your physical address (*not a PO Box*) by sending us a copy of an invoice, statement, letter or contract in your name, dated within the last 12 months, from one of the following sources:

- utility providers e.g. water, electricity, gas, telecommunications
- professional service providers e.g. lawyer, accountant, doctor
- major service providers e.g. Sky TV, internet provider, newspaper, insurance
- central or local government correspondence e.g. IRD, benefit statement, rates notice
- current employer payslip
- bank correspondence or statement
- tenancy agreement

Section 8: Adviser Details

Did you talk to a financial adviser about this withdrawal?

No (*please go to the Member Declaration*)

Yes (*please provide the adviser's details below*)

Adviser Name

Company Name

Section 9: Adviser Declaration

If you are an AFA and you are verifying your client/s identification documents, please complete the following declaration:

- I confirm that I am an authorised financial adviser under the Financial Advisers Act 2008, and therefore that I am a "reporting entity" under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (*AML/CFT Act*).
- I confirm that I have a "business relationship" (*as defined in the AML/CFT Act*) with the investor(s) named in Section 1.
- I confirm that I have conducted the relevant client due diligence procedures to the standard required by the AML/CFT Act and regulations, I have sighted the original of each document verifying the identity and address of the investor(s) named in Section 1 and I have attached to this form the relevant identity and verification information required under the AML/CFT Act.
- I consent to conducting the client due diligence procedures for Fisher Managed Management Limited and to providing all relevant information to Fisher Managed Management Limited for the purposes of the AML/CFT Act.

Signature of Adviser

FSP Number (*if known*)

Date

Section 10: Privacy Statement

Any information that you provide to us may be used by Fisher Funds and the Supervisor and any of their respective related entities, and by other service providers to the Scheme to provide service in relation to your withdrawal request.

I understand the information supplied by me with this application can be used to electronically verify my identity and address (*where necessary*) and may be disclosed for these purposes to third parties where relevant, including a government agency or reliable, independent source. You have the right to access the information held by us and you may also request that it be corrected.

Section 11: Withdrawal Authorisation

All members must sign below. If you are making a full withdrawal or transferring your full withdrawal to another Fisher Funds investment, your membership in the Fisher Funds LifeSaver Plan will cease. You acknowledge that upon receipt of this withdrawal calculated in terms of the provisions of the Governing Document (*and for workplace investors, the rules relating to your employer*), you have no further claim against or financial interest in the Fisher Funds LifeSaver Plan.

Signature of Member*

Date

* *Executors of estate or nominated beneficiaries to sign for death benefit*

Section 12: Employer Section

This section must be completed by the employer for all workplace investor withdrawals.

Withdrawal circumstances (*please tick one*)

- Resignation
- Retirement
- Retirement withdrawal while still working
- Redundancy
- Dismissal
- Death (*attach death certificate and certified copy of Probate or Certificate of Administration*)
- Financial Hardship
- Ill Health (*attach employer letter of confirmation*)
- Total and Permanent Disablement (*member to attach confirmation as required by the insurance policy*)
- Other (*please specify*)

Final contributions and employment end date (*for full withdrawals only*)

Date that the last contribution was / will be received by Fisher Funds (*final contribution date*)

Date that the employee ceased / is ceasing employment

For full withdrawals, the member's account will remain open until the date that the last contribution is received by Fisher Funds, and is closed once the final contribution is received. Any fees continue to be charged during that time. Any contributions received from the member after the final contribution date will not be invested.

Employer declaration

We confirm that the member is eligible to withdraw under the terms and conditions of the Governing Document and Participating Agreement.

Authorised Signatory

Date

Name of Authorised Signatory