

Application for withdrawal

– retirement benefit while in service

Aon Master Trust

Use this form to apply for a withdrawal from your account when you are eligible to receive your retirement benefit while in service. If we have not previously verified your identity, we will also require you to complete an AML Identity Verification form.

Section A: Personal details

IRD number - - Member number AON

Date of birth / /

Title: Mr Mrs Miss Ms Other

Given name(s) Surname

Postal address Postcode

Direct phone Mobile

Email

Section B: Withdrawal request

Please attach a pre-printed bank deposit slip or bank statement showing the bank account you would like the funds deposited into. This payment can only be made into your personal bank account as we do not make payments to third parties. Payments will only be made in New Zealand dollars to a New Zealand bank account.

regular withdrawal (minimum \$100 per month) \$ *
(amount each month)

partial withdrawal (minimum \$500) \$
(amount)

full withdrawal of all available funds

* Payments will be made on the last business day of each month.

Bank account name

Bank account number

Have you transferred money from a UK Pension Scheme after 5 April 2006?

No Yes – please contact us for information. An extra withdrawal form is required

Section C: 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 Aon 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 application. 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 (including from our parent company Fisher Funds). The information may be used by, and disclosed to the Manager and Trustee (Superannuation Management Nominees Limited), the Administration Manager, or other entity involved in the administration and management of the Aon 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.

You agree that this information may be collected, held and disclosed for these purposes. The information is being collected by the Manager (Superannuation Management Nominees Limited), whose address is PO Box 332 Shortland Street, Auckland 1140, and will be held by Link Market Services Limited who you can contact at PO Box 332 Shortland Street, Auckland 1140. You can request access to your personal information and can ask that it is corrected by calling 0800 266 268.

Section D: Your acknowledgement

1. I have read and understood the privacy statement in Section C and authorise any personal information to be collected, held and disclosed in the manner detailed. All information I have provided in this application and attached documents (if any) is true and correct
2. I understand that the value of my withdrawal will be based on the unit price(s) at the date my request is processed and that fees, taxes and expenses may be deducted.
3. I acknowledge that on receipt of the benefit I have requested above:
 - My interest in the Scheme will be reduced by the amount I have elected to partially withdraw; or
 - I will have no further interest in the Scheme where I have elected to fully withdraw my benefit; and
 - I will have no further claims against the Scheme in respect of the benefit paid
 - I understand that my account will be closed when my account balance reaches \$0

Signature

Date / /

Checklist

I have:

- completed all sections of the form
- signed and dated Section D

I attach:

- a pre-printed bank deposit slip or bank statement showing the account name and number into which payment is requested to be made
- a completed AML form, if required

Please return the completed form and documentation to your employer.

If you have any questions about completing this form, please call 0800 266 268 or email amt@linkmarketservices.com.

Section E: For completion by employer

Name of employer

We acknowledge that this employee:

- is eligible to receive a retirement benefit from the Scheme while in service.
- has made an application for an in-service payment from the Scheme.

Authorised person to complete

Full name

Designation/title

Signature

Date / /

Please return the completed form and documentation by email to amt@linkmarketservices.com, or post to:

Aon Master Trust, PO Box 332, Shortland St, Auckland 1140