

# Application for withdrawal – leaving service

## Aon Master Trust

We have been advised by your employer that you are leaving their service. This means you cease to be a member of your employer's Plan and are entitled to your benefit. Your benefit can be retained in the Aon Master Trust or you can request that all or part of your benefit is paid to you or transferred to another superannuation or KiwiSaver scheme. Use this form to advise us what you want to do. If we have not previously verified your identity you will also need to complete an AML Identity Verification form.

### Section A: Your personal details

Name of employer

IRD number -- Member number **A O N**

Title:  Mr  Mrs  Miss  Ms  Other

Given name(s)  Surname

Postal address  Postcode

Direct phone  Mobile

Email

### Section B: Your benefit request

I wish to (please tick appropriate box/es):

#### Retain your benefit

leave my benefit in the Aon Master Trust (complete Section D if you wish to continue contributing)

#### Withdraw to your bank account (please complete Section C)

withdraw all of my benefit from the Scheme

withdraw part of my benefit from the Scheme

\$   
(amount)

set up regular monthly withdrawals (minimum \$100 per month)

I understand that payments will be made on the last business day of each month.

\$   
(amount each month)

#### Transfer to another superannuation or KiwiSaver scheme

transfer all of my benefit to   
(Name of superannuation or KiwiSaver scheme)

transfer part of my benefit to   
(Name of superannuation or KiwiSaver scheme)

\$   
(amount)

Note that no benefit payment will be made until the Administrator has received the last contribution from your employer. Please note that if you choose to leave a part of your benefit in the Aon Master Trust, you become a Deferred Member of the Scheme. The fees payable by Deferred Members of the Scheme are set out in Section 5 of the product disclosure statement.

---

### Section C: Your bank account details

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.

Bank account name

Bank account number

---

### Section D: Contributions *(complete this section if you wish to continue contributing to your AMT account)*

Complete this section if you wish to continue to make contributions to your Aon Master Trust account. Once your Deferred membership has been set up we will contact you with your new member number and our bank deposit details.

I wish to make regular voluntary contributions to my Aon Master Trust account.

I would like to contribute: \$  
*(amount)*

---

### Section E: Insurance *(complete this section if you wish to continue your insurance benefit)*

If your employer's plan included insurance benefits, you may have an option to continue the cover without the need to answer health questions. You must apply within the period specified in the policy document. A representative of Aon New Zealand will be in touch 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.

---

### Section F: 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 G: Your acknowledgement

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

I have read and understood the privacy statement in Section F and authorise any personal information to be collected, held and disclosed in the manner detailed.

I certify that I have read the notes and that all information I have supplied is correct.

Signature

Date  /  /

---

## Checklist

I have:

- completed Sections A and B
- completed Sections C, D and E if applicable
- signed and dated Section G

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 (If you are applying to withdraw your benefit from the scheme)
- a completed AML form, if required

**Please return** the completed form and documentation by email to [amt@linkmarketservices.com](mailto:amt@linkmarketservices.com), or post to:

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

If you have any questions about completing this form, please call 0800 266 268 or email [amt@linkmarketservices.com](mailto:amt@linkmarketservices.com).