



Craigs KiwiSaver Scheme

Subsequent Withdrawal Request

Age of Entitlement

Please use this form if you have previously made an Age of Entitlement withdrawal.
Your withdrawal request may take up to 15 working days to process.

WHERE TO SEND YOUR COMPLETED WITHDRAWAL FORM

Please either deliver your completed withdrawal form to the nearest Craigs Investment Partners branch, or post it to:

Craigs KiwiSaver Scheme
Craigs Investment Partners Limited
Freepost 366, PO Box 13155 Tauranga 3141

Phone: 0800 878 278
Email: clientservices@craigsip.com

A Your Details

Scheme Account Number

Title *please select one*

Mr Mrs Miss Ms Dr Other _____

Full Name *first, middle and last name*

Mailing Address

 Postcode

Contact Phone

Email

Date of Birth

IRD Number

B Withdrawal Request

Please select one

Full withdrawal

Partial withdrawal* *state amount required* \$

Regular withdrawal* *state frequency and amount required* \$

Monthly Quarterly Annually

* Funds will be deducted proportionally from all holdings unless otherwise specified

Client Account No.

Adviser

Entitlement Date

C Payment Options

please select your preferred payment option

Direct to my bank account

Payment will only be made to a bank account in your name (held individually or jointly) and will be paid to the bank account you have supplied with this form.

Name of Bank

Account Name

Account Number

BANK				BRANCH				ACCOUNT NUMBER				SUFFIX								

Please provide a pre-encoded deposit slip or bank statement.



DOCUMENT
REQUIRED

Craigs Investment Partners (CIP)
Client Account
An account held by CIP in
your name.

Craigs Investment Partners Cash Management Account

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Craigs Investment Partners Client Account

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D Contributions

DIRECT

If your KiwiSaver contributions are currently paid direct to your Craigs KiwiSaver Scheme account (i.e. they are not paid via the Inland Revenue) please indicate below how any regular contributions are to be treated.

Suspend all contributions Contributions are to continue

EMPLOYEE

If your KiwiSaver contributions are deducted from your wage/salary please indicate below how these contributions are to be treated.

I have instructed my employer to cease KiwiSaver deductions.
 I will continue to have my contributions deducted from my wage/salary.

Power of Attorney

If this form is signed under Power of Attorney, please contact Craigs Investment Partners before you sign it. We will send you the appropriate Certificate of Non-Revocation of Power of Attorney that must be signed by you when you sign the Withdrawal Request form.

E Undertakings

I acknowledge that:

- If I choose a partial or regular withdrawal, funds will be deducted proportionally from all holdings unless otherwise specified.
- If I withdraw my total balance and have not indicated otherwise, my Craigs KiwiSaver Scheme account will be closed.
- My Craigs KiwiSaver Scheme balance may fluctuate and the withdrawal value will be based on the unit/ share price of my holdings on the day that my request is processed.
- The information supplied in this withdrawal request will be used to process my redemption and will be held by Craigs Investment Partners Superannuation Management Limited (and any companies in its group). I consent to my personal information being disclosed to my Investment Adviser, and administrator, auditor, tax adviser, the supervisor, custodian, adviser or agent, and the IRD or third parties as required to process my withdrawal or in accordance with the law. I understand that I may request to see, and if necessary, request the correction of my personal information.
- On receipt of the funds from a full and final withdrawal I will have no further claim against or financial interest in the Craigs KiwiSaver Scheme and that the Manager and Supervisor of this Scheme will be released from all liabilities in respect of my membership of the Craigs KiwiSaver Scheme.

Signature

Date | D | D | M | M | Y | Y | Y | Y |

SPEAK WITH US TODAY
0800 272 442
CRAIGSIP.COM