

OVERSEAS BANK ACCOUNT DETAILS

Name of account _____

Account number _____

Name of bank _____

Bank address _____

_____ **Post code** | | | | |

Country _____

BSB number
(if applicable) _____

SWIFT Code _____

(Please provide a pre-encoded deposit slip, copy of bank statement or certified verification of your bank account).

C Statutory Declaration

This section must be completed and signed in front of a Justice of the Peace, Solicitor, Notary Public, or a person authorised to take a statutory declaration such as a Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament.

I, *full name*

of, *mailing address*

_____ **Post code** | | | | |

Occupation

Solemnly and sincerely declare that:

1. To the best of my knowledge and belief all information provided is true and accurate.
2. I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to the Withdrawal Application and that no other person has any claim against it.
3. That this withdrawal and any subsequent withdrawals are, at the discretion of the Manager and/or Supervisor and that a withdrawal fee may be charged.
4. I indemnify the Supervisor, the Manager and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability in respect of my KiwiSaver account and any withdrawal.
5. My Craigs KiwiSaver Scheme does not contain any funds that were transferred either directly or indirectly (including via another New Zealand Superannuation or KiwiSaver Scheme) from a UK registered pension scheme.
6. I understand that 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 redemption or in accordance with the law. I agree that additional information may be sought from my solicitor. I understand that I may request to see, and if necessary, request the correction of my personal information.
7. I understand that I am not entitled to Member Tax Credits when permanently emigrating and these will be returned to Inland Revenue.

Continued on next page.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature

Declared at *location*

On | D | D | | M | M | | Y | Y | Y | Y |

Statutory Declaration of the Certifier

Before me *please print your name and occupation, being an authorised person under the Oaths and Declarations Act 1957*

Name

Occupation

Signature

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

Certifier

Must provide full name, occupation and an original signature.

A certifier must be either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.