

SIL Mutual Scheme

Withdrawal Request Form



The fastest way to provide us your form and supporting documents is to email them to withdrawals@anzinvestments.co.nz. Alternatively you can post them to ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142 or drop them into an ANZ branch.

1. Your information

First name(s)													
Surname													
ANZ customer (or investor) number													
Date of birth	D	D	M	M	Y	Y	Y	Y					
Country of birth													
Contact phone							Email						
Occupation													
IRD number													
Prescribed investor rate	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 28%	(see silfunds.co.nz/updatepir for help)									

2. Withdrawing your investment

I wish to:

☐ withdraw **all** of my investment

If you withdraw your full balance, your account will be closed, and you will no longer be a member of the SIL Mutual Scheme.

<input type="checkbox"/> withdraw part of my investment	\$											
<input type="checkbox"/> make a regular withdrawal of	\$											

Frequency for a regular withdrawal (please tick one of the available options):

<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	Starting	D	D	M	M	2	0	Y	Y
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We can only pay your withdrawal amount to your New Zealand bank account, we can't pay third parties.

Bank	Branch	Account number	Suffix

Name of bank account holder:

	(leave blank if a bank-encoded deposit slip is attached)
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If you have listed a non-ANZ bank account, please provide us with a pre-printed deposit slip or bank statement dated from the last six months.

SIL Mutual Scheme

6. How long will it take

Once we've received your application, we aim to pay your withdrawal within 10 business days. It may take longer if there are public holidays, or we need to ask you for additional information.

7. Your agreement

I agree to withdraw my investment as indicated above. If signed under power of attorney, that attorney confirms that he/she has not received notice of revocation of that power.

I understand that my funds continue to be invested, and may rise and fall in value, until the withdrawal is approved and payment is processed.

I understand that I have chosen to save for my retirement by contributing to the SIL Mutual Scheme, which is a regulated superannuation product that is subject to superannuation scheme rules.

If applicable, I have personally affixed my digital signature to this document.

Signature

Date

8. Privacy

You agree we can collect, use and disclose your information to process your application in accordance with our Privacy Statement, which is the same as ANZ Bank New Zealand Limited's and can be found at anz.co.nz/privacy. If you prefer a print version, it is available to download as a PDF or from any branch.

We take your privacy seriously, and understand the need to keep your information confidential and secure. You can access or correct your personal information by calling 0800 736 034 or asking at any ANZ branch. We may charge you a fee to access the information we have about you.

INTERNAL USE – ANZ STAFF ONLY

I (staff full name)

hereby verify that this is the original document.

Date

Signature

Staff job role

Branch name

Branch Stamp

Once completed – staff must scan this form and all required supporting documents in the checklist to withdrawals@anzinvestments.co.nz