or visit www.ird.govt.nz/tasks/find-my-ird-number

July 2025

Subsequent Retirement Withdrawal, Amendment and Cancellation Form

Please upload this completed form via the Generate App or email to us.

If you would like help completing this form, please email info@generatekiwisaver.co.nz or phone us on 0800 855 322.

Please use this form if you have already made a retirement withdrawal from your Generate KiwiSaver Scheme account and would like to apply for a subsequent withdrawal, set-up or amend a regular withdrawal facility or cancel a regular withdrawal facility.

Once we receive your completed application, we aim to pay the withdrawal amount specified by you in the form into your nominated bank account within 5 business days. If any additional information is required, we will be in contact with you.

We will only make payments in New Zealand dollars to a New Zealand bank account in your name (held individually or jointly). We will not pay to a business bank account.

Member De	tails	
Title	First Name	Middle Name
Surname		Date of Birth D D M M Y Y Y
Residential Addre	<u>9SS</u>	
City	Country	Postcode
Home Phone		Work Phone
Mobile		Email
Generate KiwiSa	ver Member Number G E N	IRD No. IRD No. If you don't know your IRD number please call the IRD on 0800 227 774

Where to send this form

Via the app: Simply login to your app and upload your completed form and all supporting documentation for processing or

Email return: Please scan this completed form and all supporting documentation and email it to us at info@generatekiwisaver.co.nz or

Postal return: Please send this completed form and all supporting documentation to: Generate KiwiSaver Scheme, PO Box 91609, Victoria Street West, Auckland 1142

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Withdrawal Cancellation			
I would like to:			
Cancel my regular retirement withdrawal (go to Declaration on page 2)			
Your Withdrawal Options			
Please pick one of the following withdrawal options:			
Withdraw all of my savings; Withdraw part of my savings (minimum withdrawal of \$100);			
Amount \$			
Set up a regular facility to withdraw my savings (minimum withdrawal of \$100).			
Start date of regular withdrawal	Amount\$		
Frequency Weekly Fortnightly Monthly Quarte	erly Yearly		
Payment Details			
We will only make payments in New Zealand dollars to a New Zealand bank account in your name (held individually or jointly). We will not pay to a business bank account.			
Account Holder's Name			
Account Number			
Accounting			
Bank			
Swift Code (if an overseas account)*			
IBAN (if an overseas account)*			
Proof of your Bank Account			
New Zealand Bank account in your name			
Please provide a bank record or document that:			
includes the bank account nameincludes the bank account number			
 includes the bank logo Examples of this include a bank statement, an online bank account statement, an over 	er the counter printed bank receipt with a tellers stamp, signature and		
date, a pre-coded deposit slip or copy of a cheque.			
* For a non-New Zealand bank account in your name, we require that your bank record or document be certified. Please refer to page 3 for a list of approved persons. The approved person must write the following on the bank record or document: their name, occupation, signature, date, and the statement, "I certify this to be a true copy of the original document".			
Declaration			
I confirm that the information given in this form is correct. I am a member of the Generate KiwiSaver Scheme and I am applying to the Trustee to withdraw some or all of my KiwiSaver savings from the Generate KiwiSaver Scheme. If I have opted to withdraw all of my KiwiSaver savings, I understand that on payment of my full account balance, I will no longer be a member of KiwiSaver.			
Signature (of member)	On (date)		
If you have signed electronically, please upload your application via the Generate app, or alt	ernatively provide a valid audit trail if you are emailing the application to us.		