

## 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](mailto: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 Details

Title

First Name

Middle Name

Surname

Date of Birth

D

D

M

M

Y

Y

Y

Y

Residential Address

City

Country

Postcode

Home Phone

Work Phone

Mobile

Email

Generate KiwiSaver Member Number

G

E

N

IRD No.

If you don't know your IRD number, please call the IRD on 0800 227 774 or visit [www.ird.govt.nz/tasks/find-my-ird-number](http://www.ird.govt.nz/tasks/find-my-ird-number)

### 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

☐ Quarterly

☐ Yearly

### 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](mailto: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

## Subsequent Retirement Withdrawal, Amendment and Cancellation Form

### Payment Details

☐ Use bank account details on file from the most recent retirement withdrawal

**If you would like the payment to be made to a different bank account please complete the details below and provide proof of your bank account name and number, ensuring the bank logo is clearly displayed.**

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

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Bank

Branch

Address/PO Box

Town/City

### Proof of your Bank Account

New Zealand Bank account in your name

Please provide a bank record or document that:

- includes the bank account name
- includes the bank account number
- includes the bank logo

Examples of this include a bank statement, an online bank account statement, an over 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 alternatively provide a valid audit trail if you are emailing the application to us.