



Scan and email the completed form to [service@anzinvestments.co.nz](mailto:service@anzinvestments.co.nz), or alternatively you can bring it to any ANZ branch, or post it to ANZ Investments, Freepost 324, PO Box 7149, Wellesley Street, Auckland 1141.

### 1. Your information

First name(s)

Surname

Investor number

Date of birth

Country of birth

Contact phone  Email

IRD number

Prescribed investor rate  10.5%  17.5%  28% (see [mflmutual.co.nz/pirupdate](http://mflmutual.co.nz/pirupdate) for help)

### 2. Withdrawing your investment

I wish to:

withdraw **all** of my investment

withdraw **part** of my investment \$

make a **regular** withdrawal of \$

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

Fortnightly  Monthly  Quarterly Starting

Bank  Branch  Account number  Suffix  (or deposit slip is attached)

Name of bank account holder:  (leave blank if a bank-encoded deposit slip is attached)

We can only pay your withdrawal amount to your New Zealand bank account; we can't pay third parties.

### 3. Identification

As part of your application, you must provide certified copies of your ID and proof of address. All photocopied documents must be verified or certified by an authorised person, such as a Justice of the Peace, before sending them to us.

If we need to ask you for further information, this will delay the processing of your application.

Please provide us with either:

- a certified/verified copy of your current passport (page showing your name, date of birth, photograph and signature), or
- a certified/verified copy of your current driver licence showing your name, signature and expiry date **and** a bank account statement issued **to you** by a registered bank (excluding ANZ), or
- a certified/verified copy of your current firearms licence.

AND one of the following:

- a certified/verified copy of a bank statement issued to you by a registered bank (excluding ANZ) (which can't be more than six months old), or
- a certified/verified copy of your utility bill (which can't be more than six months old), or
- a certified/verified copy of an insurance policy document issued to you (which can't be more than six months old), or
- a certified/verified copy of a Government agency document issued to you (which can't be more than six months old).

Please note that a retirement withdrawal can take up to 5 working days to process once we have received all of the required documents. We will contact you to confirm the outcome of your application.

## Who can certify your documents?

An ANZ staff member or an ANZ Investments approved financial adviser can verify your ID and proof of address. Alternatively, the following people can certify photocopies of original documents as true and correct copies in New Zealand:

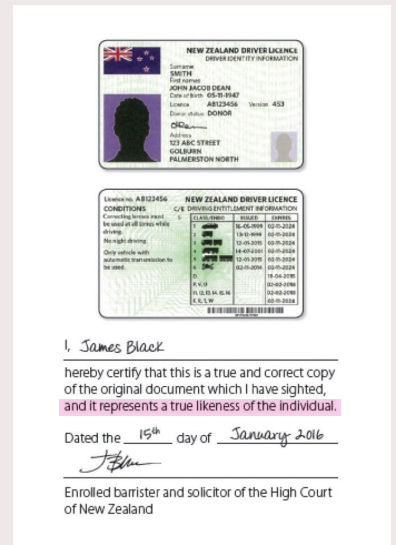
- Notary Public
- Justice of the Peace
- Member of the Police
- New Zealand lawyer
- New Zealand Chartered Accountant
- A person who has legal authority to take statutory declarations (or equivalent) in New Zealand.

If you are overseas: a person who has the authority to take statutory declarations or equivalent in your country.

Please note that the certifier must be at least 16 years of age and cannot be:

- a person involved in the transaction requiring the certification
- related to you
- your spouse or partner
- a person who lives at the same address as you.

Here is an example of what your ID should look like when it's been certified correctly. Ensure the 'true likeness' wording is included



See [anz.co.nz/myid](http://anz.co.nz/myid) for a full list of acceptable documents and ways documents can be certified or verified. Alternatively, talk to an ANZ staff member or your financial adviser. Remember to include your certified/verified ID and proof of address with your application. Any information missing from your application will cause delays.

## 4. 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.

Signature

Date

### 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 [service@anzinvestments.co.nz](mailto:service@anzinvestments.co.nz)