

SuperEasy KiwiSaver
BENEFIT APPLICATION FORM

| | |
|--|--|
| Title (Mr) (Mrs) (Ms) (Miss) | Date of Birth <small>dd/mm/yy</small> <input style="width: 100px;" type="text"/> |
| Surname | First Names |
| Home Address | Postcode |
| Postal Address <small>(if different from above)</small> | Postcode |
| Email Address | |
| Telephone [] | Your IRD number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Date of withdrawal | Member number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

TYPE OF BENEFIT

| | | |
|---|--|---|
| Retirement <input type="checkbox"/> | Death <input type="checkbox"/> | Significant Financial Hardship <input type="checkbox"/> |
| Serious Illness <input type="checkbox"/> | Permanent Emigration <input type="checkbox"/> | Transfer to Another Scheme <input type="checkbox"/> |
| Other Permitted Withdrawal <input type="checkbox"/> | First Home Withdrawal <input type="checkbox"/> | Amount Requested \$ |

CHEQUE OR DIRECT CREDIT DETAILS (Please attach copy of Bank Deposit Slip)

| | |
|---------------------------|--------------------|
| Cheque to be in favour of | |
| Account Number | Other instructions |
| Dated this | day of 20 |

Member's signature _____ Date _____

Accepted _____ Date _____

for and on behalf of the Trustee