

Please complete the date on which this form is issued and the name and address of the superannuation scheme that the member is withdrawing from.

Issue Date	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"> </td> <td style="border-bottom: 1px solid black; width: 20px;"> </td> <td style="border-bottom: 1px solid black; width: 20px;"> </td> <td style="border-bottom: 1px solid black; width: 20px;"> </td> <td style="border-bottom: 1px solid black; width: 20px;"> </td> <td style="border-bottom: 1px solid black; width: 20px;"> </td> <td style="border-bottom: 1px solid black; width: 20px;"> </td> <td style="border-bottom: 1px solid black; width: 20px;"> </td> <td style="border-bottom: 1px solid black; width: 20px;"> </td> <td style="border-bottom: 1px solid black; width: 20px;"> </td> <td style="border-bottom: 1px solid black; width: 20px;"> </td> </tr> <tr> <td colspan="11" style="text-align: center; font-size: small;">dd/mm/yy</td> </tr> </table>												dd/mm/yy										
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Issued By	The Trustee(s) of: the SuperEasy KiwiSaver Superannuation Scheme trading under the name "SuperEasy KiwiSaver" <small>Full name of the Superannuation Scheme</small>																						
	PO Box 5521, Wellington 6145 <small>Address of the Superannuation Scheme</small>																						

This information is required to be provided under section 32B of the Tax Administration Act 1994 within 20 working days of the issue date of this questionnaire. Please answer the following questions and complete the declaration at the end of page 2. Note that we may require evidence to support or clarify any answer you provide in this form, and may be unable to process your withdrawal request, in whole or in part, until all requested information is obtained. Information about you collected pursuant to this form or any follow up request will be held and used by the Trustee solely for the purpose of determining the Scheme's liability for fund withdrawal tax. You have the right to see any personal information the Trustee holds about you and ask to have corrections made to this information where appropriate.

1.	Has any employer made contributions into your account since 1 April 2000 i.e. other than your own contributions? Yes <input type="checkbox"/> If yes, go to Question 2. No <input type="checkbox"/> If no, go to the Declaration.
2.	Will your withdrawal include any of those employer contributions? Yes <input type="checkbox"/> If yes, go to Question 3. No <input type="checkbox"/> If no, go to the Declaration.
3.	Have you earned more than \$70,000 in total taxable income from all sources (including your employer contributions and ESCT*) in any of the last four income years (years ending 31 March)? Yes <input type="checkbox"/> If yes, go to Question 4. No <input type="checkbox"/> If no, go to the Declaration. <small>* ESCT = Employer Superannuation Contribution Tax paid by your employer.</small>
4.	Please indicate how many years your total taxable income from all sources (including your employer contributions and ESCT) has exceeded \$70,000 p.a. in the last four income years? 1 <input type="checkbox"/> Go to Question 5. 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
5.	Have you made an election to have your employer contributions taxed at either 39% ESCT (from 1 October 2000) or as PAYE (from 1 April 2000) prior to being paid into your account? Yes <input type="checkbox"/> If yes, go to the Declaration. No <input type="checkbox"/> If no, go to Question 6.
6.	Is this withdrawal a result of: (tick one) <input type="checkbox"/> significant financial hardship. <input type="checkbox"/> matrimonial separation (payment under court order or agreement in accordance with Matrimonial Property Act). <input type="checkbox"/> partial retirement. <input type="checkbox"/> transfer to another superannuation scheme. <input type="checkbox"/> none of the above. Go to Question 7.
7.	Was your current employer making contributions as at 1 April 2000? Yes <input type="checkbox"/> If yes, go to Question 8. No <input type="checkbox"/> If no, go to Question 10.
8.	Has the level of your employer contributions increased from the level of employer contributions as at 1 April 2000? Yes <input type="checkbox"/> If yes, go to Question 9. No <input type="checkbox"/> If no, go to the Declaration.

9.	<p>Was the increased rate of the contributions referred to at question 8:</p> <p>a. required by a trust deed or employment contract in place before 1 April 2000; or</p> <p>b. solely the consequence of a salary increase, with the level of employer contributions as a percentage of your salary not changing?</p> <p>Yes <input type="checkbox"/> If the answer to either (a) or (b) is yes, go to the Declaration.</p> <p>No <input type="checkbox"/> If the answer to both (a) and (b) is no, go to Question 10</p>
10.	<p>Is this withdrawal being made on (or after) the date you have ceased employment?</p> <p>Yes <input type="checkbox"/> If yes, go to Question 11. No <input type="checkbox"/> If no, go to the Declaration.</p>
11.	<p>Have you been with your current employer for less than two years?</p> <p>Yes <input type="checkbox"/> If yes, go to the Declaration. No <input type="checkbox"/> If no, go to Question 12.</p>
12.	<p>In any one of the past three income tax years (including the current year), have your employer contributions increased more than 50%.</p> <p>Yes <input type="checkbox"/> If yes, go to Question 13. No <input type="checkbox"/> If no, go to the Declaration.</p>
13.	<p>Was the increased rate of the contributions referred to at question 12:</p> <p>a. required by a trust deed or employment contract in place before 1 April 2000; or</p> <p>b. solely the consequence of a salary increase, with the level of employer contributions as a percentage of your salary not changing?</p> <p>Yes <input type="checkbox"/> If the answer to either (a) or (b) is yes, go to the Declaration.</p> <p>No <input type="checkbox"/> If the answer to both (a) and (b) is no, go to the Declaration.</p>

DECLARATION

I declare that the answers given in this form are true and correct.

I also acknowledge that the above information is to be relied upon by the scheme trustee for the purpose of determining the scheme's liability (if any) for fund withdrawal tax (section 32B of the Tax Administration Act 1994). I understand that the trustee may need to verify this information with my employer or other relevant parties.

Full Name of Member

Signature

Date

Accepted

Date

for and on behalf of the Trustee