

Aurora KiwiSaver Scheme

Retirement Withdrawal Application

A. INTRODUCTION AND STEPS TO APPLY

You can apply for a retirement withdrawal from your Aurora KiwiSaver account once you reach the New Zealand Superannuation age of entitlement (currently 65).

Remember, you are not required to withdraw all or any of your KiwiSaver savings immediately. Your funds will continue to be invested as they are, and you can still contribute to your account if you choose. We encourage you to discuss your retirement options with a financial adviser. Our Client Services team can also arrange for an adviser to contact you; call us on 0800 242 023, or email hello@aurora.co.nz.

IMPORTANT FOR YOUR FIRST WITHDRAWAL

If this is your first retirement withdrawal from your Aurora KiwiSaver Scheme account, we require verification of your ID, bank account, and address. You must also complete the Statutory Declaration section (H) of this form.

FOR SUBSEQUENT WITHDRAWALS

If you have previously made a retirement withdrawal from your Aurora KiwiSaver Scheme account and your bank account is unchanged, simply complete this form. You do not need to re-verify your ID or address, or have the Statutory Declaration witnessed again.

CHANGE OF ADDRESS

If your address has changed since your last withdrawal, please update it on this form and provide a valid proof of address for our records.

B. RETURN INSTRUCTIONS

- You must submit your application, along with all required supporting documents.
- For faster processing times please return via email. Where not possible please return via post at the address below.

EMAIL RETURN

Please scan this application and all supporting documentation and email them to us at hello@aurora.co.nz; OR

POSTAL RETURN

Please send this application and any copies of supporting documentation to:

Aurora Capital, PO Box 606, Christchurch, 8140.

If you would like help in completing this form, please email hello@aurora.co.nz or phone us on **0800 242 023**.

C. CHECKLIST

Before returning this application, please ensure that all applicable items are ticked:

- ☐ You have answered all questions in this form.
- ☐ **(For First Withdrawal Only)** You have completed the Statutory Declaration (Section H) and had it witnessed by an authorised person.
- ☐ **(For First Withdrawal Only)** You have provided a correctly certified and dated photocopy of your identification and proof of residential address.
- ☐ You have provided proof of your bank account in your name (e.g., a bank deposit slip or a bank statement showing the account name and number for payment of the requested withdrawal).

D. YOUR DETAILS

☐ Tick here if you are updating your address or any other personal details.

Title

First Name

Middle Name

Surname

Residential Address

Suburb

City

Country

Postcode

Date of Birth

 / /

Mobile

Email

IRD Number

Membership Number

AUR

PIR – 10.5% ☐ 17.5% ☐ 28% ☐

Please go to <https://www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate> to work out your PIR, however if you have been residing outside of New Zealand for more than 325 days you will be a non-resident for tax purposes and the PIR of 28% will apply.

IMPORTANT PIR NOTE: Please ensure your current PIR is confirmed to avoid processing delays. If your PIR is not confirmed by you, we will use the most recent PIR on file as provided by IRD. If no confirmed PIR is available, your withdrawal may be delayed.

E. PAYMENT DETAILS

Where would you like your withdrawal amount to be paid?

Bank account Name

Bank

Branch:

Bank

Branch

Account

Suffix

Please note: The Manager will adjust your withdrawal amount for any tax liability and expenses arising as a result of this withdrawal request.

F. WITHDRAWAL DETAILS

Please indicate if this is your first or a subsequent retirement withdrawal:

- ☐ **This is my first retirement withdrawal** from the Aurora KiwiSaver Scheme. (Sections C & H must be fully completed).
- Note:** When making your first retirement withdrawal after your 65th birthday, Aurora Capital will contact IRD to request any annual government contribution (if entitled). This step can result in longer processing times.
- ☐ **I have previously made a retirement withdrawal** from the Aurora KiwiSaver Scheme. (No witnessed Statutory Declaration or re-verification of ID/address is required, provided your bank account is unchanged).

AMOUNT OF WITHDRAWAL (please tick one)

Subject to the requirements of the Trust Deed for the Aurora KiwiSaver Scheme, I request a:

- ☐ **Full Withdrawal** Note: A full withdrawal will close your Aurora KiwiSaver account.
- ☐ **Partial Withdrawal** of \$ (minimum withdrawal of \$100)
- ☐ **Regular Withdrawal** of \$

Frequency:

- ☐ Fortnightly starting: / /
- ☐ Monthly starting: / /
- ☐ Quarterly starting: / / *

Please allow 3 business days for us to set up your regular payments.*

SOURCE OF WITHDRAWAL (please tick one)

- ☐ **Withdraw proportionally from all Aurora KiwiSaver funds.**
- ☐ **Withdraw from specific funds as detailed below:**

Fund Name	Percentage to Withdraw (%)
Liquidity Fund	%
Growth Fund	%
Conservative Fund	%

PLEASE NOTE: The total allocation must equal 100%. If you select "Withdraw proportionally," you do not need to complete the table above. If you wish to specify funds, please complete the table. If no selection is made, withdrawals will be processed proportionally from all funds.

IMPORTANT ACCOUNT CLOSURE INFORMATION

Please be aware: If your KiwiSaver account balance falls below \$1,000.00 (taking into account any tax liability owed) following a withdrawal, a full withdrawal will be processed, and your KiwiSaver account will be closed.

G. PRIVACY STATEMENT

By completing this form, you acknowledge and agree that:

1. The Privacy Act 2020 grants you the right to access and request corrections to your personal information held by Aurora Capital Limited (including the Manager, associated entities, and agents) and the Supervisor.
2. All information provided in this withdrawal form, and any further information you provide, may be used to administer your Aurora KiwiSaver Scheme membership.

For full details of our privacy practices, please refer to our Privacy Policy at: www.aurora.co.nz/privacy.

H. STATUTORY DECLARATION (complete if this is your first standard withdrawal)

I, Full Name (first name, middle name, surname)

Address

Suburb

City

Country

Postcode

Occupation

Solemnly and sincerely declare and agree that:

1. I have read and understood the privacy information provided in Section G on page 3.
2. I request a retirement withdrawal from my Aurora KiwiSaver account.
3. I understand that this withdrawal is subject to the terms and conditions outlined in the KiwiSaver Act and by my KiwiSaver provider.
4. I have lived in New Zealand for the entire duration of my KiwiSaver membership, except for the following periods (if any):

From	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that if I have received any Government contributions for the above non-residency periods, these may be clawed-back from my KiwiSaver account

5. I am aware that providing incorrect or incomplete information in my application may hinder its assessment.
6. I will submit certified and dated copies of my identification and proof of residential address as required.
7. My withdrawal amount will be based on the market value of my investments when my request is

processed. I understand that the withdrawal value may fluctuate based on the unit price(s) applicable at the time of processing, and that fees, taxes, and expenses may be deducted from my KiwiSaver account.

8. I give consent for Aurora Capital to conduct Anti-Money Laundering and Countering Financing of Terrorism (AML/CFT) checks, which may include **electronic verification of my identity** using the information provided, as part of their obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.
9. I affirm that all information provided in this application is true and correct.
10. If this is a full withdrawal, I understand that my KiwiSaver account will be closed upon full payment, and I agree to release all claims made by me to the Manager and/or Supervisor in relation to my KiwiSaver account.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature of person making the declaration

Date

Declared at (place)

Before me (Witness details):

Name

Occupation

(e.g., Justice of the Peace, Solicitor, Notary Public or other person authorised to take a statutory declaration)

Address

Signature

I. IDENTITY VERIFICATION

TO VERIFY YOUR IDENTITY, we need a certified copy of:

- ☐ **Your current passport** showing your name, date of birth, photo and signature; or
- ☐ **Your New Zealand Firearms Licence**; or
- ☐ **Your Birth Certificate** AND one of the following:
 - ☐ both sides of your 18+ card; or
 - ☐ both sides of your current New Zealand driver licence; or
 - ☐ both sides of a NZ bank credit, debit or Eftpos card containing your name, signature and expiry; OR
- ☐ **Both sides of your New Zealand driver licence** AND one of the following:
 - ☐ a recent (dated within the last 12 months) bank statement; or
 - ☐ a recent (dated within the last 12 months) statement from a government agency; or
 - ☐ both sides of a NZ bank credit, debit or Eftpos card containing your name, signature and expiry.

TO VERIFY YOUR ADDRESS, we need a copy of:

- ☐ a recent (dated within the last 12 months) bank statement; or
- ☐ a recent (dated within the last 12 months) utility bill showing your name and residential address; or
- ☐ a recent (dated within the last 12 months) letter from a Government Agency.

PLEASE DO NOT POST ORIGINAL IDENTITY DOCUMENTS

CERTIFICATION OF DOCUMENTS

- Certification of documents must have been completed in the 3 months preceding presentation of the certified documents.
- Each photocopy must be certified by one of the following referee types: a Justice of the Peace, a Solicitor of a High Court, or a Notary Public.
- The certified document/s must state:
 - **For photo ID** "The document is a true and correct copy of the original which has been sighted and it represents a true likeness of the person presenting the document."
 - **For non photo ID** "The document is a true and correct copy of the original document."