

Superplan Withdrawal Form

UK Pension Scheme



How to fill in this form

You will need to use this form if you have transferred your pension from the UK to your Asteron Life plan.

Complete sections 1 to 5.

Once we have this completed form, we will withdraw the amount and either pay it to your nominated account or to the person/account you have asked us to. All withdrawals will be processed as of the date Asteron Life receives the request and not on the date the form is signed. Please note that the final value you receive could be more or less than previously advised, due to changing unit prices.

**Print, complete and sign this form. Return to us by: E-mail (scanned copies) to contactus@asteronlife.co.nz,
Fax 0800 808 116 or +64 4 470 8992,
Post to Asteron Life, PO Box 894, Wellington 6140, Freepost 795**

Section 1 Plan Details

Plan Number Owner Name(s)

Section 2 Preferred methods of communication

My preferred method of communication:

Please tick one

Email Phone Letter Fax

Contact details for communications
(e-mail, fax, address, etc)

Section 3 Withdrawal Details

- Please make a partial withdrawal from my plan (this will keep your policy active)
- Please cash in the full value of my plan. (By withdrawing the full value you will be ending the Plan and releasing all claims that have been made or may be made on Asteron Life under this plan)

Complete the fields below if you wish to take a part withdrawal:

Please indicate which investment fund(s) you would like to take the withdrawal from and the amount(s) desired. If you choose not to complete this section we will withdraw the total amount requested proportionately across all of your investment funds.

- The minimum part withdrawal available is \$1,000.00
- The total remaining after part withdrawal must be at least \$1,000.00

Investment Fund	Withdrawal Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total withdrawal	<input type="text"/>

If you are unsure about how much you are able to withdraw from your plan, please call us on 0800 737 101 or +64 4 495 8700.

Section Payment Details

Please note that the final value you receive could be more or less than previously advised, due to changing unit prices.

Please pay into my nominated account (the account from which the contributions are being taken out)

Or

Please pay into the alternative account noted below.

If you want us to pay into an alternative bank account, please provide the following documents for payment to be processed

- A copy of the policy owner(s) photo ID (Passport, Drivers Licence, etc), OR two other forms of ID (Bank Statement, Power Bill, etc).

Account Name

Account Number

Section 5 Plan/Policy Owner's Signature(s)

- I understand that there may be UK tax consequences to transferring from a UK pension scheme to the Asteron Life Superplan and on receipt of a benefit from Asteron Life Superplan.
- I acknowledge that Asteron Life has recommended that I seek tax advice in relation to this matter.
- I accept that Asteron Life does not accept responsibility for any UK tax consequences arising from my membership of the Asteron Life Superplan.
- Applies only for full withdrawals: I want to withdraw the full value of my Plan. I agree that by doing so I am ending my Plan and release all claims that have been made or may be made against Asteron Life under this Plan.

I have read and understood the points listed above.

All plan/policy owners must sign this form for the payment to be processed

Please withdraw the amount shown in section 3 from this plan which I understand will be based on the date Asteron Life receives my request.

Owner(s) name

Signature

Date

Checklist

Before returning this form, check that you have...

Completed all sections 1 through 5

All plan owners have signed the form

In case of payment to another account you have

Supplied a copy of the policy owner(s) photo ID or two other forms of ID