



## Withdrawal Request Form

### Return form

Please return the completed form and supporting documents to us by mail, email or fax:

Mail: Lifestages, C/- Trustees Executors,  
PO Box 409, Wellington 6145

Email: [contact@lifestages.co.nz](mailto:contact@lifestages.co.nz)

Please call us on 0800 502 442 if you need any help.

### Investor details (please print in block letters)

Investor's name \_\_\_\_\_ Investor's number | | | | | | | | | |

In accordance with the Trust Deed, requests the Trustee to

Lifestages (ensure name of fund included)

Reason for withdrawal

### Amount

Withdraw  number of units | | | | | | | | | |

or  sufficient of my holdings to pay out \$ | | | | | | | | | | . | | |

or  the total sum of my Lifestages investment and close account

### Payment

Deposit monies to bank account | Account name \_\_\_\_\_

Account number                
Bank Branch Account number Suffix

Bank name \_\_\_\_\_ Branch name \_\_\_\_\_

Note: Withdrawal monies cannot be deposited until the Friday following the next valuation of the Fund.

### Anti-money laundering requirement

Withdrawals are to be paid to a bank account in the name of the investor only. The investor must provide a pre-encoded deposit slip in the same name as the investor, or failing that the account can be verified by a FANZ, SBS or NBS employee that the bank account belongs to the investor.

### Verification details:

Employee name \_\_\_\_\_ Employer \_\_\_\_\_

Signature \_\_\_\_\_



## Withdrawal Request Form continued

### Authorisation (forward confirmation documentation to:)

Name

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Address

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Home telephone number

Work telephone number

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Signature of investor(s)

Note: If there was more than one signature on original application, ALL signatures are required for withdrawal

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Actioned by (name)

Organisation

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Important: Attorneys must provide a copy of the Power of Attorney, if not already sighted, and a certificate of non revocation.

- > I/We understand that once the Trustee has received my Withdrawal Request, that request is irrevocable, whether it be by this form, a facsimile of this form, or any other means that may be acceptable to the Trustee from time to time.