FORM 7



The fastest way to provide us your form and supporting documents Alternatively you can post them to ANZ Investments, Freepost 324, PO Bo ANZ Branch. If you are emailing your forms, you do not need to post then	ox 7149, Victoria Street West, Auckland 1142 or drop them into an	
1. THIS WITHDRAWAL REQUEST RELATES TO MY/OUR II  ANZ Investment Funds OneAnswer Multi-Asset-Class Funds  2. INVESTOR INFORMATION  2. INVESTOR INFORMATION  3. INVESTOR INFORMATION  3. INVESTOR INFORMATION  3. INVESTOR INFORMATION  3. INVESTOR INFORMATION  4. INVESTOR INF	NVESTMENT IN THE FOLLOWING (PLEASE TICK ONE):  OneAnswer Single-Asset-Class Funds	
2. INVESTOR INFORMATION Individual/Joint investors only Investor 1	Investor 2	
First name(s)	First name(s)	
Surname	Surname	
ANZ customer (or investor) number	ANZ customer (or investor) number	
Phone	Phone	
Email	Email	
IRD number	IRD number	
	Prescribed investor rate (Fill) 10.370 177.370 2070	
OR Entities only		
Company/Partnership/Trust/Estate name		
ANZ customer (or investor) number	Email	
THORE	Littaii	
IRD number		
Prescribed investor rate (PIR) 0% 10.5% 17.5	5% 28%	
If any of the tax payment details differ from what we currently have on record processing this withdrawal.  If you don't tell us both your IRD number and PIR, you will be taxed at the del Visit anz.co.nz/pirupdate or call 0800 736 034 or +64 9 356 4000 for help.		
<ol> <li>PAYMENT INFORMATION         Please note the proceeds of this withdrawal can only be paid to the investhird parties.     </li> </ol>	stor's New Zealand bank account; we are not able to make payments to	
Name of bank account holder		
(If you have listed a non-ANZ bank account, please provide us with a pre-	printed deposit slip or bank statement dated within the last six months.)	
Payment account  Bank Branch Account number Suffix		

PTO 1 of 5

WITHDRAWAL DETAILS			
4.1 Set up a new withdrawal			
Reason for withdrawal (e.g. livi	ng expenses, holiday, asset purchas	e, other investment)	
I/We request (please tick one):	III balance (continue to section 6)		
a <b>partial</b> withdrawal of	\$	(minimum \$500)	
	\$		
a <b>regular</b> withdrawal of		(minimum \$100)	
	drawal (please tick one of the availa onthly quarterly si	x-monthly annually	
Start date D D	M M 2 0 Y Y	Amontmy	
Start date			
4.2 Amend an existing regul	ar withdrawal		
	r existing regular withdrawal instruc	ctions to:	
a <b>regular</b> withdrawal of	\$	(minimum \$100)	
	drawal (please tick one of the availa onthly quarterly si	ble choices): x-monthly annually	
Start date D D	M M 2 0 Y Y		
4.3 Cancel an existing regula			
I/We request to cancel my/our	existing regular withdrawal.		
OURCE OF WITHDRAWA	<b>AL</b>		
NZ Investment Funds and One			
		be deducted from my/our fund(s) as follo	OWS:
Conservative Fund	\$		
Conservative Balanced Fund	\$		
alanced Fund	\$		
alanced Growth Fund	\$		
Frowth Fund	\$		
ligh Growth Fund	\$		
OTAL	\$		
One Answer Single-Asset-Class Fo We request that the partial or requ		be deducted from my/our fund(s) as follo	OWS:
lew Zealand Fixed Interest Fund	\$	Australian Share Fund	\$
nternational Fixed Interest Fund	\$	International Share Fund	\$
roperty Securities Fund	\$	International Listed	
	\$	Infrastructure Fund	\$
nternational Property Fund		Balanced Growth Fund	\$
lew Zealand Share Fund	\$	TOTAL	\$
quity Selection Fund	\$		

## 6. IDENTIFICATION

If you believe you have already given us proof of your identity and address, continue to section 8.

Each authorised signatory applying must provide either verified or certified copies of your valid ID and proof of address.

- Verified When you submit your forms, bring your original documents to any ANZ branch or an ANZ Investments approved financial adviser to be checked and copied.
- Certified Bring your original documents to a Notary Public, Justice of the Peace, NZ lawyer, or any other person who has the legal authority to certify documents. They will make certified copies that you can then send in with your form.

See anz.co.nz/myid for more information.

If we need to ask you for further information, this will delay the processing of your withdrawal.

### Notes for trusts:

- · Each trustee will need to ensure that we have a copy of their identification and proof of residential address
- If we have not already received a copy of your trust deed along with source of wealth information, you may need to provide this.
- If the signatories have changed on your trust deed since your application, you must provide us a copy of any deed of appointments and/or removals.

Identity documents Please provide us with:	An example of correctly certified ID
Option 1: ONE of these documents:	NEW ZEALAND DRIVER LICENCE  DR
New Zealand passport National ID card	SWITTEN SANTH SWITTEN
Overseas passport (signed) New Zealand firearms licence	Lone of Barth OS-11-1949 (Version 453 Disservations DONOR CIGO.
Option 2: A New Zealand driver licence AND	Adinas 123 Ac STREET COLAUSIN NALMERSTON NORTH
ONE of these documents (must be dated within the last six months):	License no. A 8123456 NEW ZEALAND DRIVER LICENCE
Bank statement (including from ANZ) (issued to you)	CORPITIONES DE PRIVINO DEFINIZACION A PROPRATICION CONTROLLA DE PRIVINO DEFINIZACION A PROPRATICION DE PRIVINO DE PRIVINO DE PRIVINO DE PRIVINO DE PRIVINO DE PRIVINO DE PRIVINCIA DE PRIVI
SuperGold Card  New Zealand Defence or Police Photo ID	\$1 mmd. 6 25% 02.05.00M (000-0224)  0 0 0.05.00M (000-0224)  0.05.00M (0.00M (0.00M)  0.05.00M (0.00M)  0.05.00M (0.00M)  0.05.00M
Option 3: ONE form of primary non-photo ID	1. James Black
New Zealand full birth certificate Certificate of New Zealand citizenship	hereby certify that this is a true and correct copy
Overseas birth certificate Overseas citizenship certificate	of the original document which I have sighted, and it represents a true likeness of the individual.
AND ONE form of secondary photo ID  New Zealand driver licence New Zealand Defence or Police Photo ID	Dated the15 <sup>th</sup> day of
Proof of address Please provide us with ONE of the below acceptable forms of address. The document must be dated within the last six months and show your name and current New Zealand address.  Litility bill Signed reptal toponey agreement flatting or	Ensure the 'true likeness' wording is included, that the image of you is clear, and the text can be clearly read.
Utility bill  Bank statement or bank document (including from ANZ)  Non-bank financial institution statement or document  Central Government Agency document e.g. IRD, ACC  Local Council/Government letter  Signed rental tenancy agreement, flatting or sub-letting agreement  Electoral roll papers  Electronic White/Yellow Pages Insurance policy document Car registration notification/demand Educational Institution letter from education facility, must be on letterhead paper	Short-term accommodation letter issued by the accommodation provider and include your name  Letter from employer on company letterhead confirming residential address  Letter from a lawyer or accountant confirming your residential address  Retirement home letter or invoice  Letter or invoice from your general practitioner (GP)

PTO 3 of 5

#### 7. PRIVACY

You agree we can collect, use and disclose your information to process your application in accordance with our Privacy Statement, which is the same as ANZ Bank New Zealand Limited's and can be found at anz.co.nz/privacy. If you prefer a print version, it is available to download as a PDF or from any branch.

We take your privacy seriously, and understand the need to keep your information confidential and secure. You can access or correct your personal information by calling 0800 736 034 or asking at any ANZ branch. We may charge you a fee to access the information we have about you.

## 8. AGREEMENT

I/We confirm that:

- I/We request to withdraw my/our investment as indicated on this form.
- If applicable, I/we have personally affixed my/our digital signature(s) to this document.

**Joint investments** – all investors must sign

Trusts – all trustees must sign, unless you have specified otherwise in your application form

**Partnerships** – all partners must sign, unless you have specified otherwise in your application form

**Companies** – at least one director or one authorised signatory must sign

If signed under power of attorney, the attorney confirms that he/she has not received notice of revocation of that power.

Name	Name	
Signature	Signature	
Date D D M M 2 0 Y Y	Date D D M M 2 0 Y Y	
Name	Name	
Signature	Signature	
Date D D M M 2 0 Y Y	Date D D M M 2 0 Y Y	

#### 9. WHAT TO EXPECT NEXT

- Once you've submitted your withdrawal request, you'll receive a text/email confirming it's been received and that we're checking all documents have been provided.
- If we require any additional information or documents we'll contact you using the mobile, email and/or postal address you have provided us.
- Once we have all the documents required we'll begin processing your request.
- If your request is approved we will send you a text/email with a confirmation.
- If your account balance reaches \$0 (e.g. you make a full withdrawal), your account will be closed.

## 10. HOW LONG WILL IT TAKE

Once we've received your application, we aim to pay your withdrawal within 5 business days. It may take longer if there are public holidays, or we need to ask you for additional information.

## Important notes

- All emailed withdrawal requests must be from the email address that we have recorded for you. If you have not provided us with your email address, please call us on 0800 736 034 (+64 9 356 4000 if overseas).
- Information shown in your Investment Fund account in ANZ goMoney and ANZ Internet Banking is one business day behind the current date. As a result, the available balance might be different to the balance shown in ANZ GoMoney or ANZ Internet Banking at the time of submitting your request.
- It is not possible to time your request for a specific unit price. The unit price received for your withdrawal request will be a unit price that is available within five business days of receiving your request.

INTERNAL USE - ANZ STAFF ONLY	(staff full name)	Branch Stamp
hereby verify that this is the original document.  Date D D M M D 2 0 Y Y		·
Signature		
Staff job role		
Branch name		