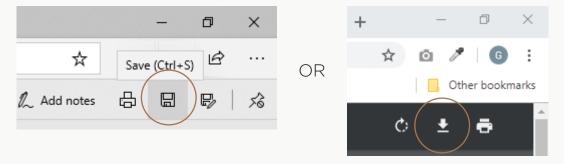
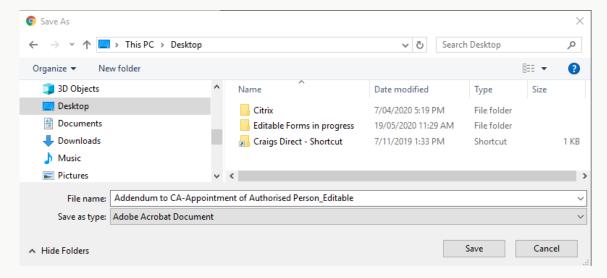
How to complete this editable form

1. Save or download this form to your computer.

Select either icon within your browser window (located top right).



Choose where you would like to save it on your computer.



- 2. Open the form that you have saved.
- 3. Complete all relevant editable fields.
- 4. Save your completed form and send as an attachment to your adviser or adviser assistant.
- 5. If you have any trouble please contact your adviser or call 0800 272 442.



WHERE TO SEND YOUR COMPLETED ORIGINAL FORM

Please either deliver your completed form to the nearest Craigs Investment Partners branch, or post it to:

Superannuation Transfer Service Craigs Investment Partners Limited, Freepost 366, PO Box 13155, Tauranga 3141.

Phone: 0800 878 278 Email: uk.pensions@craigsip.com

Please ensure you complete the Client Authority on page 2, and the Letter of Authority on page 3. If you have more than one pension a separate Letter of Authority is required for each.



Please attach a copy of a recent statement from your UK Pension provider and include any additional information that may assist us to locate your pension benefits.

Please ensure that your UK
Pension provider holds your
most recent personal details
including your current address
and full name. If their database
does not match the information
contained on this form, the
provider will reject the Letter of
Authority. Please contact your
UK Pension provider to confirm
your details and make any
necessary changes.

To be eligible to transfer your pension to the Craigs Superannuation Scheme you must be:

- A New Zealand citizen or entitled to remain permanently in New Zealand; and
- Living in, or normally living in New Zealand.

С	LIENT ACCO	UNT NO.		
IN	IVESTMENT	ADVISER	?	

Craigs Superannuation Scheme

UK Superannuation Transfer Information Request Form

This form provides Craigs Investment Partners with authority to request information in respect of retirement benefits which may be held on your behalf in the United Kingdom. Most UK providers, in line with their data privacy and security processes, will send the transfer information directly to you. They may however, with your consent, send the information direct to Craigs Investment Partners.



Personal details

r croonar acta	113			
NAME & ADDRESS				
Title please select one				
Mr Mrs	Miss Ms	Dr	Other	
Full Name first, middle and a	last name			
Mailing Name				
Preferred Salutation if diffi	erent from mailing name)		
Residential Address where	e you live, not a PO Bo	x number		
			Postcode	
Mailing Address if not the	same as residential ac	ddress		
			Postcode	_
CONTACT DETAILS Please fill out all details and tie Home Ph			us to contact you	
Work Ph		– Post as j	per mailing address	
Email				—
PERSONAL DETAIL	S, CITIZENSHIP	& RESIDE	NCY STATUS	
Gender		Female		
Date of Birth				
New Zealand Residency S	Status tick one box onl	ly		
New Zealand Citizen		Permanent R	esident	
What is your country of res	cidence for Tay Durne	coc3		
	siderice for fax Purpo.	ses:		_
NZ IRD Number				
UK National Insurance Nu	ımber			-
Date you left the UK	7			
Date you arrived in New 2	∠eaiana		D D M M Y Y Y Y Y	1



Client Authority

Authorisation to obtain information

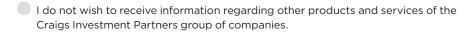
l hereby authorise

Craigs Investment Partners Superannuation Management Limited (CIPSML) and its related companies (all "Craigs Investment Partners") to obtain and hold relevant information regarding UK Pension benefits that may be held on my behalf and to assist with a possible transfer to Craigs Superannuation Scheme. The information will be held by CIPSML and its related companies.

I understand that my personal information may be passed on to superannuation providers, administrators, auditors, tax advisers, supervisors and custodians or other entities that may assist in finding any of my superannuation scheme benefits. I understand and agree that my information can be passed on to a regulator (in accordance with the law) such as the Financial Markets Authority of New Zealand.

I understand that I may request to see and, if necessary, request the correction of any personal information.

I agree that by providing my email address on this authority form CIPSML may provide information by email to me regarding this service. I also agree to receive, including by email, information regarding other products and services of the Craigs Investment Partners group of companies.



I confirm that the details that I have supplied on this form are, to the best of my knowledge, correct.

Signature

Date | D | D | M | M | Y | Y | Y | Y |

Please note:

TRANSFER OF UK FUNDS

Transfers will only be permitted subject to prevailing Recognised Overseas Pension Scheme (ROPS) rules, your existing superannuation scheme's rules and CIPSML acceptance of your application.

If you agree to proceed with the transfer of your scheme benefits you will need to:

- complete and return a 'Client Declaration form and Key Terms Acknowledgement Form'.
- complete the discharge documentation for your existing scheme 'UK Pension Scheme Overseas Discharge form'.
- complete an application form for the Craigs Superannuation Scheme.

CIPSML will then issue your existing UK Pension provider with documentation relating to the transfer of your scheme benefits, including a request for remittance of funds.

HMRC does not and has never certified, approved or recommended any overseas pension scheme that contends or believes it has ROPS status.

Adviser Disclosure Statements and Product Disclosure Statements are available on request and free of charge.

Please visit craigsip.com for more information.

Letter of Authority Release of Scheme Information

To:						
Name of UK Pension Scheme						
Scheme Mailing Address						
	Postcode					
Scheme Email Address						
I wish to investigate a transfer of my pension benefits to an Overseas QRO	DPS scheme.					
Please issue a full transfer pack to my email address as shown below, to in	nclude:					
Confirmation of type of scheme						
Current transfer value						
Current fund value (if different from transfer value)						
Date of valuation						
Plan commencement date						
Member's current investment fund choice. Please supply the SEDOL/ISIN numbers if possible						
• Fund fact sheets and latest 12-month performance figures - for all fu	ınds in which the policy is invested					
Selected retirement age						
 Total contributions received into the policy 						
 Fund AMC and any other charges or expenses 						
With-profits fund - guaranteed minimum growth rate, final/terminal	bonus & MVR					
 Any guaranteed annuity rates (GAR) or other guarantees that apply 	to the policy					
Death benefits pre & post retirement						
Exit charges or transfer penalties upon transfer						
If my pension is a defined benefit pension, then please supply the addi	tional information on the attached page.					
Please ensure the correct discharge forms are sent for transfer to an $\ensuremath{\text{Overlap}}$	erseas QROPS Scheme.					
I give authority for Craigs Investment Partners of 158 Cameron Road, PC copies of all information and request any further details that are required						
I look forward to receiving the above information along with the dischar by email. If you need further details in order to release the information t						
From:						
Member name (in full)						
Date of birth D D M M Y Y Y Y UK National In:	surance Number					
Plan number/s						
Mailing Address						
	Postcode					
Email						
Daytime Phone Mobile						
Signature						

Additional Information for Defined Benefit Pensions.

Please supply all the required information:

- Pensionable service with date of joining & leaving pensionable service
- Cash Equivalent Transfer Value (CETV) & any AVC details
- Schemes current funding position & details of any reduction applied to CETV
- Normal retirement age
- Any protected retirement age
- Early retirement allowed from what age. Earliest payment age with no reduction
- · Confirmation of how the benefit would be calculated for early retirement
- Total member contributions
- · Confirmation of GMP and excess revaluation in deferment
- Current value of deferred benefits, pension and retirement lump sum
- Estimated benefits at normal retirement date
- Any bridging or temporary pension details
- Increases on pension payments in retirement
- Guarantee period once the pension payments commence
- Lump sum death benefits pre & post retirement
- Spouse/dependant pension on death pre & post retirement
- Is a partial transfer allowed
- Have the benefits been equalised including any GMP
- Are there any special ill health terms in deferment
- Does the scheme pay discretionary benefits
- · Exit charges or transfer penalties upon transfer

In addition, please supply:

- Latest Summary Funding Statement
- Scheme factors for early retirement
- · Scheme factors for late retirement
- Cash commutation factors

Please explain how the early and late retirement factors are applied. For example, is the pension revalued to the retirement date or to normal retirement date before the factor is applied?

Is the PCLS provided by commutation from the pension or is there additional cash on top of the pension?

If applicable, please supply a retirement estimate for the current date.

If there are AVCs can these be used to increase the PCLS or to purchase additional annual pension within the Scheme?