# **Emigration Withdrawal**



### How to fill in this form

This form tells us that you intend to take up permanent residence overseas and that you want to close your plan.

Complete sections 1 to 4.

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 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  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 4 Member and Owner's Signature(s)

#### **Privacy Act 1993**

For the purpose of the Privacy Act 1993, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely with companies within the Suncorp Group and you can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

#### Declaration

The Plan Member and Owner must sign this form.

I declare that I am leaving New Zealand permanently to take up residency in another country. I agree that by withdrawing the full value I am ending the Plan and release all claims that have been made or may be made on Asteron Life under this plan.

#### All members and all owners must sign this form for the payment to be processed

Please withdraw the full amount from this plan, which I understand will be based on the date Asteron Life receives my request.			
Member(s) and Owner(s) Name	Signature	Date	
Checklist			
Before returning this form, check that you have			
Completed all sections 1 through 4			
All plan owners and members have signed the form			
Attached a copy of your airline ticket, or if you are alread address	dy residing overseas, a bill or a bank statement s	showing your name and	
In the case of payment to another account you have			
Supplied a copy of the policy owner(s) photo ID or two other forms of ID			