

# Withdrawal Form

## How to fill in this form

You will need to use this form if you would like to make either a partial or a full withdrawal from your plan/policy.

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, interest on any debt, or declaration of new interest and bonus rates.

## Please complete and return to us by:

**Email:** (scanned or digital copies) to [contactus@asteronlife.co.nz](mailto:contactus@asteronlife.co.nz)

OR

**Post:** Asteron Life, PO Box 894,  
Wellington 6140, Freepost 795

## 1. Plan/policy details

Plan/policy number  Plan number

## 2. Preferred methods of communication

My preferred method of communication: Email ☐ Phone ☐ Letter ☐ Fax ☐

*Please tick one:*

Contact details for communications (email, fax, address, etc)

  

## 3. Withdrawal details

- ☐ Please make a partial withdrawal from my plan/policy (this will keep your policy active)
- ☐ Please cash in the full value of my plan/policy. (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 make a partial 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. Please note that depending on your plan/policy the minimum and maximum withdrawal amount would vary.

Investment fund	Withdrawal amount
	\$
	\$
	\$
	\$
Total withdrawal	\$

If you are unsure about how much you are able to withdraw from your plan, please call us on 0800 737 101.

## 4. Payment details

Please note that the final value you receive could be more or less than previously advised, due to changing unit prices, interest on any debt, or declaration of new interest and bonus rates.

☐ Please pay into my nominated account (the account from which the premiums/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

BANK				BRANCH				ACCOUNT NUMBER								SUFFIX			

## 5. Plan/policy owner's signature(s)

**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/policy which I understand will be based on the date Asteron Life receives my request.

	Full name	Signature	Date	
Owner(s) name 1			/ /	Sign here
Owner(s) name 2			/ /	Sign here
Owner(s) name 3			/ /	Sign here
Owner(s) name 4			/ /	Sign here

*If electronically completing form, type  
your name here*

## Checklist

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

- ☐ Completed all sections 1 through 5
- ☐ All plan/policy owners have signed the form

**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