

# **Emigration Withdrawal Form**

#### 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.

#### Please complete and return to us by:

Email: (scanned or digital copies) to contactus@asteronlife.co.nz

OR

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

## 1. Plan/policy details

Plan number	Owner name(s)				
2. Preferred methods of communication	ſ				
My preferred method of communication: Email Phone Please tick one:	Letter Fax				
Contact details for communications (email, fax, address, etc)					

## 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 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		

## 4. Member and Owner's signature(s)

#### **Privacy Act**

For the purpose of the Privacy Act, 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 within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. 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. For further information about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

#### 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.

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

### 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 already overseas, a bill or bank statement showing your name and address

#### 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