

# MERCER FLEXISAVER WITHDRAWAL FORM

If you need help completing this form please call us on **0508 637 237**.



You are able to withdraw some or all of your savings by completing this form.

## PRIVACY STATEMENT

Information in this form and any requested documents are being collected to enable administration of this account.

The Privacy Act entitles the account holder to access and to request correction of any personal information.

Please print in black or blue pen, in uppercase, one character per box and  all that apply.

## STEP 1 – COMPLETE YOUR PERSONAL DETAILS

In this section we need to confirm that you are who you say you are.

Membership number

IRD number

 -  - 

Title: Mr  Mrs  Ms  Miss  Other

Date of birth

 /  / 

First name

Middle name(s)

Surname

### Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

### Mailing address (if different from residential address)

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

### Telephone

Mobile

Daytime

Evening

Email

## STEP 2 – PAYMENT DETAILS

Regular **Fortnightly** Withdrawal \$  (minimum \$50)

Regular **Monthly** Withdrawal \$  (minimum \$100)

One-off Withdrawal \$  (minimum \$500)

**Full** Withdrawal – Withdraw all my funds and close my account.



If your balance falls below \$1,000 after any withdrawal (unless you are making regular contributions to the Scheme) or you choose to withdraw the full amount, your FlexiSaver account will be closed and the remaining balance will be paid to your nominated bank account. We will contact you first to confirm.

## STEP 3 – YOUR BANK ACCOUNT DETAILS

Please provide a copy of a bank statement or a bank deposit slip in your **name**. Must show your full name, bank account number and bank name.

## STEP 4 – SIGN THE FORM

Signature

Date

 /  / 

Please send your completed form to: Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140.

18/08/2016