



NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME CESSATION ADVICE

Name: Title: Mr/Mrs/Ms/Miss
Surname Given Names (Please circle one)

Home Address:

Member No.: IRD No: Date of Birth:/...../.....

E-Mail address: Phone no: ()

TYPE OF BENEFIT:

I hereby apply for the payment of the benefit ticked below: (Please select **one** benefit only)

RETIREMENT RETRENCHMENT RESIGNATION DISMISSAL
 LOSS OF MEDICAL FITNESS LOSS OF PHYSICAL FITNESS DEATH

PART 1 – REGULAR SECTION OF RETIREMENT ACCUMULATION (all members to complete)

Details for benefit payment

Attached is an encoded deposit slip or header from a bank statement or internet banking print out for the account into which my benefit is to be deposited.

OR

Continued membership

I wish to retain my benefit in the Scheme and become a deferred member **YES / NO**

If you intend to withdraw a portion of your benefit, please complete and return form FS6 'Deferred member withdrawal request'. For a copy of the form and a fact sheet explaining deferred membership, visit the Documents & forms page on www.firesuper.superfacts.co.nz, call 0800 MY SUPER (0800 697 78737) or email nzfire.super@merc.com.

PART 2 – COMPLYING FUND SECTION OF RETIREMENT ACCUMULATION (only complete this section and the statutory declaration overleaf if you are making or have made contributions to the Scheme's complying fund section)

Deposited into my bank account

Please pay my benefit into my bank account. I confirm that I have attained age 65 and completed more than five years' complying fund or KiwiSaver scheme membership.

I have also completed the statutory declaration overleaf.

YES / NO

OR

Continued membership

I wish to remain a member of the complying fund section and become a deferred member.

I understand that since I can no longer contribute to the Scheme, I will cease to be eligible for member tax credits.

YES / NO

OR

Transferred to a KiwiSaver scheme or complying superannuation fund

Please transfer my complying fund balances to the following KiwiSaver scheme or complying superannuation fund:

YES / NO

Scheme name: Member number:

I certify that the above answers are true and correct to the best of my knowledge.

Signed:

Date:/...../.....

IMPORTANT – BEFORE YOU RETURN THIS FORM

Have you checked the form and ensured it has been completed correctly?

Have you attached an encoded bank deposit slip or the header from a bank statement or internet banking print out for the bank account into which any payment is to be deposited?

If you are withdrawing funds from the complying fund section, have you and your witness completed and signed the statutory declaration?

PLEASE FORWARD YOUR COMPLETED FORM AND EVIDENCE OF YOUR BANK ACCOUNT DETAILS TO: NHQ
Payroll@fire.org.nz

STATUTORY DECLARATION

ONLY COMPLETE FOR WITHDRAWALS FROM THE COMPLYING FUND SECTION

Please complete this section in front of a person authorised to take a statutory declaration. The people legally authorised to take a statutory declaration are listed below.

I, _____
Full name

of _____
Address and occupation

request a withdrawal of all or part of my balance in the complying fund section of my retirement accumulation, including any member tax credits, as shown overleaf.

I confirm that I have attained age 65 and completed five years' KiwiSaver scheme and/or complying superannuation fund membership.

I solemnly and sincerely declare that:

- I am entitled to make this withdrawal;
- my principal place of residence has been in New Zealand during the period since an account was established for my benefit in a KiwiSaver scheme or complying superannuation fund. *(If you did not reside principally in New Zealand for any period, please specify the periods:* _____); and
- all the information I have provided in this form regarding my application is true and correct.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957

Signature of member: _____

Declared at _____ this _____ day of _____ 20____
Location Day Month Year

Before me (please print): _____
Person authorised to take statutory declaration Please specify office held

Signature: _____

People who can witness a statutory declaration in New Zealand are:

- (a) a person enrolled as a barrister and solicitor of the High Court; or
- (b) a Justice of the Peace; or
- (c) a notary public; or
- (d) the Registrar or a Deputy Registrar of the Supreme Court; or
- (e) the Registrar or a Deputy Registrar of the Court of Appeal; or
- (f) a Registrar or Deputy Registrar of the High Court or a District Court; or
- (g) some other person authorised by law to administer an oath; or
- (h) a member of Parliament; or
- (i) a person who-
 - (i) is a fellow of the New Zealand Institute of Legal Executives; and
 - (ii) is acting in the employment of a practising barrister and solicitor of the High Court; or
- (j) an employee of the New Zealand Transport Agency, authorised for that purpose by the Minister of Justice; or
- (k) an employee of Public Trust authorised for that purpose by the Minister of Justice; or
- (l) an officer in the service of the Crown or a local authority authorised for that purpose by the Minister of Justice.

PART 3: CESSATION ADVICE (TO BE COMPLETED BY THE PAYROLL MANAGER)

Total *member* contributions other than to the complying fund section **1 April to 31 March** \$

Total *member* contributions to complying fund section **1 April to 31 March** \$

Total net *Commission* contributions other than to the complying fund section **1 April to 31 March** \$

Total net *Commission* contributions to complying fund section **1 April to 31 March** \$

Total *Voluntary* contributions **1 April to 31 March** \$

Date member ceased employment/...../.....

Date of final contributions/...../.....

Current annual salary (for superannuation purposes) \$

Effective date joined Fire Service employment/...../.....

Current member contribution rate (excluding voluntary contributions)% of salary

I certify on behalf of the New Zealand Fire Service that the above answers on this page are true and correct to the best of my knowledge.

Signed

Date...../...../.....

NHQ PAYROLL TO RETURN COMPLETED FORM TO THE SCHEME'S ADMINISTRATION MANAGER, MERCER (N.Z) LIMITED PO BOX 1849, WELLINGTON 6140 OR EMAIL nzfire.super@mercerc.com.