



NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME

APPLICATION FOR EARLY ACCESS BENEFIT

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

Home Address:

Member No: IRD No: Date of Birth: ___ / ___ / _____

E-Mail address:

I hereby apply to make an early access benefit withdrawal from my Member's Accumulation as set out below.

This is my **first/second** (delete one) application for an early access benefit. My first application for an early access benefit was made on: _____ (day) _____ (month) 20 ____ (year).

Amount of this withdrawal: \$ _____

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

Note that payment must be made to your personal account and not to a third-party such as a family trust.

I understand that

- No withdrawal can be paid from the Commission's Accumulation or complying fund section¹.
- I may not withdraw more than 50% of the balance of my Member's Accumulation at the date of this application.
- I cannot make more than two withdrawals during my membership of the Scheme and the Trustee will not approve a second withdrawal until at least five years after the payment of my first early access benefit.
- No withdrawal is permitted until the aggregate value of the Commission and Member's Accumulations exceed three times my superable salary.
- Any benefit to which I subsequently become entitled will be reduced to reflect the amount of any early access benefit.

I certify that the information I have provided in this form is true and correct to the best of my knowledge.

Signed: _____

Date: _____

All sections must be completed in full and evidence of your bank account details provided. If you need assistance, call the Scheme helpline on 0800 69 78737.

**SEND YOUR COMPLETED FORM AND EVIDENCE OF YOUR BANK ACCOUNT DETAILS TO:
THE ADMINISTRATOR, NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME
MERCER (N.Z.) LIMITED, PO BOX 1849 WELLINGTON 6140.**

¹ Unless you have attained age 65 and completed 5 years' membership of a KiwiSaver scheme or complying superannuation fund such as the Scheme

TRUSTEE CHECKLIST:

Questions - eligibility	Criteria	Yes/No
Is the application in the form required by the Trustee?		
Is the value of the early access benefit no greater than the sum of 50% of the Member's Accumulation at the date of application?	Member's Accumulation \$ _____ Date of application ____/____/____	
Is the aggregate value of the Commission Accumulation and the Member's Accumulation in excess of three times the member's superable salary?	Commission's Accumulation \$ _____ Member Accumulation \$ _____ Total Retirement Accumulation \$ _____ Member's superable salary \$ _____	
Is this the first or second application for an early access benefit?	<input type="checkbox"/> First <input type="checkbox"/> Second	
If this is the second application for an early access benefit when was the first application? Has five years passed since the first payment of an early access benefit?	<input type="checkbox"/> N/A or Date of first application ____/____/____	
Has the member provided the Trustee with all required information?		

**AUTHORISATION TO PAY EARLY ACCESS BENEFIT
TO BE TO BE COMPLETED BY THE TRUSTEE**

We, the undersigned being directors of the Scheme Trustee or Authorised Persons, hereby authorise and request Mercer (NZ) Ltd to pay _____ (the member) \$_____ as his/her early access benefit based on the above information.

Dated this day of of the year 20

Authorised Person..... Authorised Person.....