



NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME DEFERRED MEMBER WITHDRAWAL REQUEST

MEMBER DETAILS:

Name: _____

Address: _____

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

Email: _____

WITHDRAWAL DETAILS (SELECT ONE):

I wish to withdraw my total balance and leave the Scheme

or

I wish to make a partial withdrawal of: \$ _____ leaving at least \$5,000 in the Scheme and remain a member

or

I wish to make regular withdrawals of: \$ _____ to be paid monthly on the 15th of each calendar month

I understand that if I elect to make regular withdrawals:

- The minimum withdrawal is \$400 per month
- I may change the amount I withdraw or stop making regular withdrawals at any time
- Each payment will be withdrawn on a pro-rated basis across the investment options I have selected
- If a regular withdrawal reduces my Scheme balance to less than \$5,000, I must make a total withdrawal

I understand that when I make a total withdrawal, on receipt of my benefit I will have received full rights in accordance with the terms of the New Zealand Fire Service Superannuation Scheme.

BANK DETAILS

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.

Member's signature: _____ Date: _____

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 OR FAX TO 04 819 2699.**

ALLOW A MINIMUM OF FIVE WORKING DAYS FOR YOUR PAYMENT TO BE PROCESSED.

IMPORTANT

- 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?