

## Mercer Super Trust Personal Savings Division APPLICATION TO MAKE A PARTIAL WITHDRAWAL

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

### STEP 1 – COMPLETE YOUR PERSONAL DETAILS

Membership number











Date of birth











IRD number











Title Mr  Mrs  Ms  Miss  Other  (please specify \_\_\_\_\_)

First name

Middle name(s)

Surname

#### Residential address

Number Street name



Suburb

City

Postcode

Provide your mailing address if it's different from your residential address, otherwise leave blank

#### Mailing address

Number Street name/PO Box



Suburb

City

Postcode

#### Telephone

Business hours











After hours











Mobile











E-mail

### STEP 2 – PAYMENT DETAILS



You must provide details of a personal account in your name. Business accounts, family trust accounts and accounts of another person will not be accepted.

Please note that the maximum withdrawal amount is 20% of your account balance as at 1 April.

I wish to withdraw \$ \_\_\_\_\_ from my Account.

Tick that you have provided a bank deposit slip.

**STEP 3 – CONFIRMING YOUR IDENTITY**

**Provide a certified photocopy of current and valid documents.**



Copies of your documents can be certified by one of the following: Justice of the Peace, Notary Public, Member of Parliament or Solicitor.  
The certifier must view the original document (not a fax, photocopy or scan) before writing their full name, occupation, date and signature and make a statement to the effect that the document(s) provided are a true copy and represent the identity of the named individual. Certification is valid for three months.  
For a full list of acceptable documents and how these can be certified please visit Documents and Forms section on [mercersupertrust.co.nz](http://mercersupertrust.co.nz) website.

**A Confirm your identity by providing a CERTIFIED COPY of (documents must be current and valid):**

**Option 1 – One of the following (please tick one):**

Passport OR  NZ Firearms Licence OR  Government issued identity card  
Document description  Document number

**OR**

**Option 2 – Two of the following (please tick both):**

Drivers Licence PLUS  Birth Certificate OR  Credit Card/EFTPOS (with name and signature)  
Document description  Document number   
Document description  Document number

**B Confirm your residential address by providing an original or a certified copy of one of the following (can't be more than three months old):**

Bank statement OR  Utility bill OR  Inland Revenue statement

**STEP 4 – SIGN THE FORM**

I understand that any future benefit payable from the Scheme will be reduced to reflect the amount withdrawn as shown above.

Member Signature  Date //

**Please return completed form to:**  
**Mercer (N.Z.) Limited**  
**PO Box 1849**  
**Wellington 6140**  
**New Zealand**