

## APPLICATION TO WITHDRAW FUNDS FROM RETIREMENT ACCOUNT

<u>Important note</u>: This form is for use only by a member who is no longer employed by NZAS and who has continued membership as a retirement account holder (and it relates only to that account).

If you are no longer employed by NZAS and you also have a locked-in account, you can only withdraw funds from that account if you are aged 65+ (or you qualify on another basis such as serious illness). To do so, obtain and complete the appropriate form from <a href="https://www.nzasretirementfund.com">www.nzasretirementfund.com</a> (these include NZAS13A - Former Employee Aged 65+ - Application to Withdraw Funds from Locked-in Account).

Name:(Surname)	(Given Names)	Title: Mr/Mrs/Ms/Miss (Please circle one)
,	, ,	Member No.:
Home Address:		<del>-</del>
Email Address:	Co	ntact Phone No.: ( )
Select type(s) of withdrawal		
	a lump sum or by way of a	count balance at any time, but if you wish to make a regular monthly withdrawal) then following each nd.
If your Fund balance falls belo closed and you will cease to be		ne full amount will be paid out, the account will be
·	full retirement account bala	ince.
Date funds required:/_	/	
or Lump sum partial withdrawa	al	
I wish to make a withdrawal or	f \$	from my retirement account.
Date funds required:/_	/	
or		
Regular monthly withdrawa  Payments will be made aroun		
I wish to make a regular mont		from my retirement account.
Deposit instructions		
Please deposit this amount in	to my bank account. I attac	h (please tick one):
☐ a pre-encoded bank depos	sit slip   a photocopy of a	bank statement



## Nominated investment option (for partial withdrawal purposes)

Only complete this section if you wish to make a partial withdrawal or regular monthly withdrawals and you invest in two or more investment options in the Fund and you wish to nominate which investment option you want the withdrawal amount(s) paid from.

If you are investing in one investment option only, please proceed to sign and date this form.

If you don't nominate an investment option, the funds will be withdrawn from your investment options in

	portion to the percentage of your retirement account balance held in each investment option.
Plea	ase withdraw the funds from my savings in the following investment option (choose one):
	Cash investment option
	Conservative investment option
	Balanced investment option
	Growth investment option
Sig	nature
Sigi	ned: Date:
	ase note that this form should be sent to Mercer (N.Z.) Limited at least five working days prior to date funds are required.
Em	ail this form and copies of the required attachments to <a href="mailto:NZASRF@mercer.com">NZASRF@mercer.com</a>
	·
Alte NZ/ c/o	ail this form and copies of the required attachments to NZASRF@mercer.com
Alte NZ/ c/o PO	ail this form and copies of the required attachments to <a href="mailto:NZASRF@mercer.com">NZASRF@mercer.com</a> Pernatively, post to:  AS Retirement Fund  Mercer (N.Z.) Limited - Administration Manager
Alte NZ/ c/o PO	ail this form and copies of the required attachments to <a href="mailto:NZASRF@mercer.com">NZASRF@mercer.com</a> Pernatively, post to:  AS Retirement Fund  Mercer (N.Z.) Limited - Administration Manager  Box 1849, Wellington 6140.