

MEMBER AGED 65+ APPLICATION TO STOP CONTRIBUTING WHILE IN SERVICE

MEMBER DETAILS:

NAME: _____

ADDRESS: _____

CHANGE TO TAKE EFFECT: 1ST JAN / FEB / MAR / APR / MAY / JUN / JUL / AUG / SEP / OCT / NOV / DEC
(PLEASE CIRCLE ONE)

EMAIL: _____ PHONE NO: _____

MRU: _____ OUTPUT TEAM: _____ IRD NO: _____

EMPLOYEE NO: _____ DATE OF BIRTH: ____/____/____

PART 1 –STOP LOCKED-IN CONTRIBUTIONS

Subsidised members:

- With effect from the date indicated above, I no longer wish to contribute to my Locked-in Balance. I understand that employer contributions to my Locked-in Balance will also cease and that all my own and my employer's future contributions will be paid to my Standard (unlocked) Balance.

Unsubsidised members:

- With effect from the date indicated above, I no longer wish to contribute to my Locked-in Balance. I understand that employer contributions to the Fund for my benefit will cease at the same time.
-

PART 2 – STOP ALL CONTRIBUTIONS

Subsidised members:

- With effect from the date indicated above I wish to stop contributing to the Fund. I understand that my employer will continue to contribute for my benefit, to my Standard (unlocked) Balance, but at a reduced rate of 4% of my base salary.

Unsubsidised members:

- With effect from the date indicated above I wish to stop contributing to the Fund.
-

MEMBER TO SIGN

Member's signature: _____

Date: ____/____/____
Day Month Year

IMPORTANT:

Please send your completed form to NZAS HR at least five working days before the first of the month indicated by you in the Personal Details section above. Your form will be invalid (and the change will not take place) if you do not indicate a date. Changes cannot be made retrospectively, that is, changes cannot be backdated.