

MEMBER AGE 65+ APPLICATION TO WITHDRAW FUNDS WHILE IN SERVICE

Name: _____ Title: Mr / Mrs / Ms / Miss
Surname Given names (Please circle one)

IRD No.: _____ Date of Birth: ____/____/____ Contact Phone No: () _____

Home Address: _____

Email Address: _____

PART 1 (MEMBER TO COMPLETE)

I wish to withdraw the following amount from my Fund Balance(s) : *(select one only)*

partial withdrawal of: \$ _____ from my Standard Balance first, then my Locked-in Balance (if applicable)

or

full withdrawal of my Standard Balance and Locked-in Balance (if applicable)

Date withdrawal required: _____

Please note that this form should be forwarded to Mercer (N.Z.) Limited at least five working days prior to the date the withdrawal is required.

Please deposit this amount into my bank account.

Attached is:

a bank encoded deposit slip or a bank statement print out showing my bank account details.

Member's signature: _____

Date: ____/____/____

PART 2 – ONLY COMPLETE IF YOU ARE MAKING A WITHDRAWAL FROM YOUR LOCKED-IN BALANCE

I understand that before my application to withdraw all or part of my Locked-In Balance can be approved I am required to complete the following statutory declaration.

STATUTORY DECLARATION

Please complete this section in front of a person authorised to take a statutory declaration.

I, _____
Full name
of _____
Address and occupation

request a withdrawal of all or part of my Locked-in Balance, including any member tax credits, as shown above.

I solemnly and sincerely declare that:

- I am entitled to make this withdrawal;
- my principal place of residence has been in New Zealand during the period of my locked-in membership of the Fund;
- I understand that, in signing this form, I am opting out of the requirement to have completed five or more years' membership of the Locked In Section (or another complying fund or KiwiSaver Scheme) before becoming eligible to make a withdrawal. Further, if making a partial withdrawal, I understand that, from the date of this withdrawal, I will no longer be eligible for Government Contributions.

or

- I specify below the periods in which I did not reside principally in New Zealand:
_____; and
- all the information I have provided in this 'Member Aged 65+ Application to withdraw funds while in service' form is true and correct.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957.

Signature of member: _____

Declared at _____ this _____ day of _____ 20_____
Location Day Month Year

Before me (please print): _____
Person authorised to take statutory declaration* Please specify office held

Signature: _____

* a Justice of the Peace, or solicitor, or notary public, or other person authorised to take a statutory declaration.

IMPORTANT

- Have you checked the form and ensured it has been completed correctly?
- If your withdrawal is to be paid to your bank account, have you attached a copy of an encoded bank account deposit slip or a copy of a bank statement or a print out from internet banking showing your name and bank account details?
- Have you signed the statutory declaration above?
- Has your witness signed the completed statutory declaration?
- Have you supplied all the requested documents?

Please return your completed form to:

The Administrator, NZAS Retirement Fund, Mercer (N.Z.) Limited, P O Box 1849, Wellington 6140 or email nzasrf@mercerc.com