

# Application to take leave of absence

Mr / Mrs / Ms / Miss

Last Name

First Names

Postal Address

Date of Birth

IRD No

Phone

Mobile

Email\*

Employee Number

Work Location

\*By providing my email address, I am consenting to receiving information about the Scheme (including the annual report) electronically including by way of a hyperlink. Should I not wish to receive such information electronically, or should my email address change, I undertake to advise the Scheme's administration manager whose contact details are on page 4 of the investment statement.

## Application for leave of absence from Scheme only

I have been granted leave of absence by my employer and now wish to apply for leave of absence from the Scheme. I understand that this form enables me to apply for leave of absence from the Scheme only.

## Period of leave of absence

I understand initially this leave must be for a minimum of three months and a maximum of 18 months unless the Trustee agrees to the period being extended. If granted, I accept the conditions applying to leave of absence as explained to me by the Scheme Secretary.

Dates of leave of absence From (date)

To (date)

Reason for leave of absence

## Contributions while on leave of absence

Please tick the appropriate box:

- I wish to apply for **non-contributory** leave of absence  
 I wish to apply for **contributory** leave of absence

## Consequences of stopping contributions

I understand and acknowledge that:

- if I **stop contributing** to the Scheme:
  - my insurance cover (if applicable) for permanent incapacity and death will immediately cease; and
  - my employer's contributions on my behalf (if applicable) will also cease;
- if I **recommence** my contributions to the Scheme:
  - within 18 months of the date I stopped contributing and previously held insurance cover for permanent incapacity and death my insurance cover for permanent incapacity and death will automatically recommence;
  - more than 18 months after I stopped contributing and/or I did not previously hold insurance I will be required to complete a Personal Statement and be assessed by Sovereign before my insurance cover can recommence and that my cover will be subject to any restrictions imposed by the insurer;
  - the calculation of the insured portion of my death or permanent incapacity benefit will be based on the contributions (up to a maximum of 6% of your salary) I would have paid into the Scheme had I been contributing to the Scheme for the previous 12 months; and
  - should I die or suffer permanent incapacity within 12 months of recommencing contributions, the insured portion of my benefit will not exceed my cover at the review date (31 March) prior to the date I stopped contributing.

I DECLARE THE INFORMATION I HAVE PROVIDED ON THIS FORM TO BE TRUE AND CORRECT.

Signed by member \_\_\_\_\_ Date \_\_\_\_\_

Please note that unless you advise otherwise, all correspondence will be sent to the postal address listed above. Please ensure that the Scheme's administration manager is advised as soon as possible should your address change.

- MEMBER - PLEASE RETURN COMPLETED FORM TO YOUR PAYROLL/HUMAN RESOURCES DEPARTMENT
- PAYROLL/HUMAN RESOURCES – PLEASE RETURN COMPLETED FORM TO: DAIRY INDUSTRY SUPERANNUATION SCHEME, C/- MERCER (N.Z.) LIMITED, PO BOX 1849, WELLINGTON 6140. TELEPHONE: 0800 355 900 FAX: 04 819 2699

**Authorised Company Signature to complete:**

I confirm that \_\_\_\_\_ has been granted leave of absence from their employer for the period shown above. Final contributions made through the employer's payroll will be \$ \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Secretary to the Trustee to Complete**

Approved by Secretary to the Trustee \_\_\_\_\_ Date \_\_\_\_\_

Comment \_\_\_\_\_