

Individual Member Withdrawal Request

Note: Only to be completed by an individual member. An individual member is a member who has ceased to be an employee and has elected to leave all or part of their benefit in the Scheme.

Mr / Mrs / Ms / Miss _____ Last Name _____

First Names _____

Postal Address _____

Date of Birth _____ IRD No _____

Phone _____ Email* _____

Work Location _____

*By providing my email address, I am consenting to receiving information about the Scheme (including the annual report and benefit statement) electronically. Should I not wish to receive such information electronically, or should my email address change, I undertake to advise the Scheme's administration manager (Mercer) whose contact details are shown below.

Please select type of withdrawal. I wish to make a:

- Partial** withdrawal from my Individual Member Account of \$
- Regular** withdrawal from my Individual Member Account of \$ to be paid as a monthly payment made on the 15th of each calendar month.
- Total** withdrawal from my Individual Member Account.

I understand that:

- If I wish to make regular withdrawals a once-only \$87.96 regular withdrawal establishment fee will be deducted from my Individual Member Account;
- Unless I have set up a regular monthly payment facility, I may only make three withdrawals in a Scheme year;
- If a withdrawal reduces my Individual Member Account balance to less than \$5,000, I must make a total withdrawal;
- When I make a total withdrawal, on receipt of my benefit I will have received full rights in accordance with the terms of the Dairy Industry Superannuation Scheme Trust Deed and have no further claims against the Trustee.

Please select method of payment. I wish my withdrawal to be:

Credited to my bank account (fill in bank details below)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank

Branch Number

Account Number

Suffix

Attach a deposit slip or bank statement for an account in your name (or joint names).

Payments will not be made to business accounts, family trust accounts, or accounts of another person.

Transferred to the following superannuation scheme operated by (not applicable to regular withdrawals):

Name _____ Contact Person _____

Address _____

Signed by member _____ Date _____

PLEASE RETURN TO THE DAIRY INDUSTRY SUPERANNUATION SCHEME
C/- MERCER (N.Z.) LIMITED, PO BOX 1849, WELLINGTON 6140, NEW ZEALAND.
PHONE: 0800 355 900 EMAIL: dairy@mercer.com