

Member Aged 65+ Withdrawal Request



Mr / Mrs / Ms / Miss _____ Last Name _____

First Names _____

Full Postal Address _____

Date of Birth _____ IRD No _____

Phone _____ Mobile _____ Email* _____

Work Location _____ Employee Number _____

*By providing my email address, I am consenting to receiving information about the Scheme (including the annual report and my annual 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 whose contact details are shown on the reverse of this form.

IMPORTANT: You need to be age 65 or older to be eligible to make withdrawals from your Locked-In account.

PART 1 (ALL MEMBERS TO COMPLETE)

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

Partial withdrawal from my Member's Account and Employer No.1 Account (including my Locked-In (Complying Fund) Accounts, if applicable) of \$ (minimum \$2,500)

I understand that I may only make three withdrawals in a Scheme year and that if this withdrawal reduces my Member's Account and Employer's No.1 Account balance (including my Locked-In (Complying Fund) Accounts, if applicable) to less than \$5,000 I must make a total withdrawal.

If you wish to continue to contribute, you must ensure that the balance of your Member's Account and Employer's No.1 Account (including your Locked-In (Complying Fund) Accounts, if applicable) is at least \$5,000.

Total withdrawal from my Member's Account and Employer No.1 Account (including my Locked-In (Complying Fund) Accounts, if applicable).

I understand that when I make a total withdrawal no further contributions will be accepted from me or my employer on my behalf and 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.

My withdrawal is to be paid by direct credit to my bank account:

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

(Bank) (Branch) (Account Number) (Suffix)

or attached is a deposit slip or a bank statement printout

All members to sign: Members with Locked-In (Complying Fund) Accounts please complete Part 2 below.

Signed by member

Date

PART 2

Only complete Part 2 if you are or have contributed to a Locked-In (Complying Fund) Account

I understand that before my application to withdraw all or part of my Locked-In (Complying Fund) Account balances can be approved I am required to complete the following statutory declaration.

Statutory Declaration

I, _____ (Full Name)

of _____ (Address, Occupation)

solemnly and sincerely declare that:

- I am entitled to make this claim
- my principal place of residence during which I have held a Locked-In (Complying Fund) Account (and/or was a member of a KiwiSaver scheme) was in New Zealand. (If you did not reside principally in New Zealand for any period, please specify the period(s)) _____
- the information I have provided in this Dairy Industry Superannuation Scheme Member Aged 65+ Withdrawal Request form is true and correct.
- I understand that, in signing this form, I am opting out of the requirement to have completed five or more years' membership of the LockedIn section (or another complying superannuation 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.

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

Declared at _____ this _____ day of _____ 20____

Before me:

Signature of:

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

(Name)

(Address)

(Occupation)

Please return to the Dairy Industry Superannuation Scheme c/- Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140 Telephone: 0800 355 900 Email: dairy@mercer.com