Leaving service withdrawal

dairy industry
superannuation scheme

Mr / Mrs / Ms / Miss Last Name

First Names

Postal Address

Date of Birth IRD No

Phone Email*

(Only complete if you are transferring to individual membership)

Work Location

*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 (Mercer) whose contact details are on page 3 of this form.

I am leaving my current Employer and **not joining another Employer in the Scheme.**

I wish to receive my benefit from the Scheme in the following way:

Option 1: Total withdrawal (excluding Locked-In (Complying Fund) Account balances)

(Note: Payment may not be made to a third party)

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

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.

Option 2: Transfer to another superannuation scheme (excluding Locked-In (Complying Fund) Account balances)

☐ My benefit from the Scheme is to be transferred to the following superannuation scheme:

Scheme name

Contact person Contact phone

Address

Option 3: Individual membership (excludes Locked In Account balance)

I wish to become an Individual Member of the Scheme:
I acknowledge that:

- I can make up to three withdrawals each Scheme year
- The minimum withdrawal is $2,500
- I agree to be bound by the terms and conditions of membership as they apply to Individual Members.

$ _____ or _____ % of my benefit (not less than $5,000) is to remain in my account in the Scheme.

☐ The balance is to be paid to my bank account (fill in bank account details below)

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.
(Note: payment may not be made to a third party)

Option 4: Transfer to another KiwiSaver scheme/Complying Superannuation Fund (must be completed by members with Locked-In (Complying Fund) Accounts)

Locked In Accounts

☐ My Locked-In (Complying Fund) Account balance is to be transferred to the following KiwiSaver scheme/complying superannuation fund.

Scheme name _____

Contact person _____ Contact phone _____

Address _____

_____

I understand that:

- If I am under age 65 or have not completed five or more years' membership in a KiwiSaver scheme or complying superannuation fund, the balances in my Locked-In (Complying Fund) Accounts must be transferred to another complying superannuation fund or KiwiSaver scheme.

Signed by member _____ Date _____

PLEASE RETURN TO YOUR PAYROLL DEPARTMENT ON COMPLETION.

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Company Payroll/Human Resources Authorised Signatory To Complete

Please tick reason for leaving:

☐ Resignation ☐ Normal retirement ☐ Redundancy ☐ Permanent incapacity

☐ Ill health (not permanent incapacity) ☐ Death ☐ Transfer to another scheme (please attach details)

Name of employer _____ Employee Number _____

Last working day _____

Last day of paid service _____
(including holidays and sick pay)

As vesting is calculated up to the last day of paid service please complete both dates.

Total subsidised member contribution rate: ☐ 2% ☐ 3% ☐ 4% ☐ 5% **or** ☐ 6%

To Locked In Account: ☐ 0% ☐ 3% **or** ☐ 4%

Total gross taxable salary or wages paid since 1 April last: (or date of joining Scheme if later) $

Total superannuation contributions deducted since 1 April last: (or date of joining Scheme if later) $

Comprised of: Member Contributions	Member's Contributions	Company Contributions
To Locked-In (Complying Fund) Account	$	
To Member's Account	$	

Voluntary Additional Contributions (if any)

To Locked-In (Complying Fund) Account	$	
To Member's Account	$	
	$	

Company Contributions (net of contribution tax if applicable)

To Locked-In (Complying Fund) Account	$
To Employer's No. 1 Account	$
Additional employer subsidy (if applicable)	$

Elective member ☐ Yes ☐ No

Period of elective membership _____
From (date) To (date)

Signed by employer _____ Date _____

PLEASE RETURN TO THE DAIRY INDUSTRY SUPERANNUATION SCHEME
C/- MERCER (N.Z.) LIMITED, PO BOX 1849, WELLINGTON 6140, NEW ZEALAND. TELEPHONE: 0800 355 900 FAX: 04 914 0434