

Leaving service withdrawal

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.

Please note: We are unable to process your benefit until Mercer (the Scheme's administrator) has received your final contributions to the Scheme from your employer. As a result, it may take up to four weeks from the date you leave service to receive your benefit.

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 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 Suf f ix				
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.



Company Payroll/Human Resources Authorised Sig	gnatory To Complete	
Please tick reason for leaving:		
Resignation Normal re	tirement 🗌 Redundancy 🗌 Permanent incapacit	ty
Ill health (not permanent incapacity)	Transfer to another scheme (please attach details)	
Name of employer	Employee Number	
Last working day	As vesting is calculated up to the last	
Last day of paid service (including holidays and sick pay)	day of paid service please complete	
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 Apr	il 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	5
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