



# 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



### 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 \_\_\_\_\_ As vesting is calculated up to the last day of paid service please complete both dates.  
 Last day of paid service \_\_\_\_\_  
 (including holidays and sick pay)

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