

Preserved Member Withdrawal Request

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 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 shown below.

Option 1: I have reached age 55 and wish:

to withdraw the full balance of my Preserved Member Account.

I understand that when I make a total withdrawal, upon 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.

or Option 2: I have reached age 55 and wish:

to become an Individual Member

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 Scheme 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 as indicated below.

Payment Method

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"/>
Bank	Branch Number	Account Number	Suffix

or attached is a deposit slip or a bank statement print out

Name _____ Contact Person _____

Address _____

Signed _____ 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