

EMPLOYER	
Title (Mr) (Mrs) (Ms) (Miss)	Date of Birth dd/mm/yy
Surname	First Names
Home Address	Postcode
Postal Address <small>(if different from above)</small>	Postcode
Email Address	
Telephone []	Your IRD number
Date of withdrawal	Member number

TYPE OF BENEFIT

Retirement <input type="checkbox"/>	Death <input type="checkbox"/>	Hardship <input type="checkbox"/>	Full Withdrawal <input type="checkbox"/>	Partial Withdrawal <input type="checkbox"/>
Resignation <input type="checkbox"/>	Transfer to another provider <input type="checkbox"/>	Amount Requested \$		

Complete and have your Employer sign this section if your Employer is deducting contributions from your pay and is contributing to the Scheme on your behalf.

BENEFIT APPROVED BY EMPLOYER <i>(Complete only one of these two sections)</i>	
<input type="checkbox"/> Standard	i.e. as provided by the rules of the Trust Deed
<input type="checkbox"/> Discretionary	i.e. if the Employer has approved any other benefit as a variation of the Standard benefit allowed under the rules of the Trust Deed please specify e.g. <input type="checkbox"/> Maximum allowed <input type="checkbox"/> % of difference between standard and minimum <input type="checkbox"/> Other
FINAL CONTRIBUTION DETAILS (If applicable)	
Date last contribution remitted for the period ended	
Contribution deducted but not yet remitted Member \$ Employer \$	
Authorised Officers of Employer	
Name	Signature Title

Complete this section if your Employer is *not* deducting contributions from your pay or contributing to the Scheme on your behalf.

FINAL CONTRIBUTION DETAILS (If applicable)
Date last contribution remitted
Contribution deducted but not yet remitted Member \$

CHEQUE OR DIRECT CREDIT DETAILS (Please attach copy of Bank Deposit Slip)

Cheque to be in favour of	
Account Number	Other instructions
Dated this	day of 20

Member's signature	Date
Accepted	Date
for and on behalf of the Trustee	