

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

**TYPE OF BENEFIT**

Retirement <input type="checkbox"/>	Death <input type="checkbox"/>	Resignation <input type="checkbox"/>	Redundancy <input type="checkbox"/>	Hardship <input type="checkbox"/>	Transfer to another provider <input type="checkbox"/>
Date you left your employer				Amount requested \$	

Have your Employer complete and sign this section (if you are a Voluntary member see the section below).

<b>BENEFIT APPROVED BY EMPLOYER</b>	
Name of Employer:	
Final Contribution Details	
Date last contribution remitted	for the period ended
Contribution deducted but not yet remitted	Member \$
	Employer \$
Benefit Type – please choose one:	
<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
<b>Authorised Officers of Employer</b>	
Name	Signature
	Title

**COMPLETE THIS SECTION IF YOU ARE A VOLUNTARY MEMBER.**

<b>FINAL CONTRIBUTION DETAILS (If applicable)</b>	
Date last contribution remitted	Amount \$

**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