

13. Deferred member regular withdrawal request

To the trustee of UniSaver New Zealand

Please use **BLOCK LETTERS** and read this form carefully before you start completing it.

Mr/Mrs/Miss/Ms/Dr/Assoc Prof/Prof.....
Circle one Surname Given names

Residential addressPostcode.....

Work phone.....Home phone.....Mobile.....

Email*Date of birth.....

Membership number IRD number.....

* By providing your email address you are consenting to receiving information about UniSaver (including the annual report) electronically. Should you no longer wish to receive such information electronically, or should your email address change, you undertake to advise UniSaver's administration manager. Call 0800 864 724 or email unisaver@mercer.com.

Important: You are only eligible to make withdrawals from your Locked Accounts if you have reached the qualifying age for New Zealand Superannuation (currently age 65) **and** have completed five or more years' membership of the Locked section (or another complying superannuation fund or KiwiSaver scheme).

Member to complete

I wish to make a regular withdrawal of \$_____ per month.

I understand that:

- payment will be made by direct credit to my nominated bank account on the 15th of each month. **An encoded bank deposit slip or copy of a bank statement showing my account details is attached;**
- a once-only establishment fee (currently \$77.33) will be deducted from my account balance;
- administration fees (currently \$4.36 a month) will continue to be deducted from my account;
- if a withdrawal reduces my UniSaver account balance to less than \$5,000, my remaining account balance will be paid to me and my membership of UniSaver will cease.

The information I have provided in this UniSaver deferred member regular withdrawal request is true and correct.

All members to sign: _____

Date: _____

If you have Locked Accounts, you must complete the statutory declaration overleaf.

Statutory declaration (only to be completed by members with Locked Account balances)

I (full name).....

of (address, occupation).....

solemnly and sincerely declare that:

- I am entitled to make this claim.
- New Zealand has been my principal place of residence except during the periods set out below:

Start date: _____ End date: _____

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(This relates to the withdrawal of member tax credits.)

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957.

Declared at..... this day..... 20.....

Before me.....

Signature of.....

(Justice of the Peace, or solicitor, or notary public, or other person authorised to take a statutory declaration.)

Name.....

Address.....

Occupation.....

BEFORE YOU RETURN THIS FORM:

- Have you checked you have completed the form (including the statutory declaration) correctly?
- Have you enclosed a bank encoded deposit slip or a copy of a bank statement print out?

Retain a copy of this form for your file.

- Send the original to:
UniSaver New Zealand
c/o Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140

If you have any queries about completing this form, please call 800 864 724 or email unisaver@mercer.com.