



Personal and contact details

Mr / Mrs / Miss / Ms / Dr / Assoc Prof / Prof	SURNAME	GIVEN NAMES
Membership number	Date of birth	DD/MM/YYYY
Email	IRD number*	
Work phone	Home phone	Mobile

* Locked members only – Inland Revenue requires us to hold IRD numbers for locked members. Note your IRD number here if you haven't provided it to us before.

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 – a deposit slip or bank statement showing my account details is attached
- a once-only establishment fee will be deducted from my account balance¹
- administration fees will continue to be deducted from my account¹
- 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.

Signed MEMBER

Date DD/MM/YYYY

You must complete the statutory declaration on page 2 if you have locked accounts.

Checklist – make sure you include the following:

- Form completed in full (including the statutory declaration).
- Deposit slip or bank statement for the account your withdrawal is to be paid into.

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

Scan and email this form to unisaver@mercero.com

Alternatively, post the form to:

UniSaver New Zealand
c/- Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140

¹ See unisaver.co.nz for the current fee.

Statutory declaration – complete if your withdrawal includes all or part of your locked account balances

I **ENTER YOUR FULL NAME**

of **ENTER THE ADDRESS WHERE YOU LIVE**

ENTER YOUR OCCUPATION

solemnly and sincerely declare:

- I am entitled to make this claim.
- During my membership of the locked section of UniSaver and/or a KiwiSaver scheme – *tick one*
 - there were no periods when my principal place of residence was not New Zealand
 - New Zealand has been my principal place of residence except during the periods set out below:

Start date:

End date:

Start date:

End date:

This relates to the withdrawal of government contributions.

- The information I have provided in this form is true and correct.

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

Note: Do not complete the following section until you are with the person witnessing your declaration.

Your signature

Declared at PLACE, FOR EXAMPLE, TOWN OR CITY

Date DD/MM/YYYY

Before me NAME OF OFFICIAL WITNESS

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

Signature OF OFFICIAL WITNESS