

Payment details

Payment is to be made to the following bank account:

A deposit slip or bank statement showing the account name and number is enclosed.

1 Signed **PERSONAL REPRESENTATIVE** Date **DD/MM/YYYY**

2 Signed **PERSONAL REPRESENTATIVE** Date **DD/MM/YYYY**

If you have any queries about completing this form, please call 0800 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

Mercer will send the form to the employer to complete Part B.

PART B

Employer to complete

Employer name

Membership number Date of death **DD/MM/YYYY**

Contributions	Standard		Locked	
	Member	Employer	Member	Employer
Final contribution	\$	\$	\$	\$
Total contributions from 1 January up to the termination date	\$	\$	\$	\$

Expected date of remittance of final contribution **DD/MM/YYYY**

Comments

I certify that:

- the above-named employee has terminated service with the above-named employer on the above date of death
- contributions made or to be made by the employee and the employer in respect of the employee since the above-dated contribution advice up to the termination date are as stated above.

Signed **AUTHORISED OFFICER OF THE EMPLOYER** Date **DD/MM/YYYY**

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