



Complete **Parts A, B** and **E** (and **Parts C** and **D** if you are a locked member). Sign and date the form on page **3**. Your employer will complete Part F.
• Use **form 6 Change of employer** if you are transferring to another UniSaver participating employer.

PART A

Personal and contact details

Mr / Mrs / Miss / Ms / Dr / Assoc Prof / Prof SURNAME GIVEN NAMES

Membership number Date of birth DD/MM/YYYY

Residential address

Postcode

Postal address (if different from above)

Postcode

Personal email

Work phone Home phone Mobile

I have funds in the standard section - tick one [ ] Yes [ ] No

I have funds in the locked section - tick one [ ] Yes [ ] No

Moving overseas

If you are leaving New Zealand, provide overseas contact details so we can continue to contact you. This is particularly important if you choose to become a deferred member (see Part B option 3). We suggest you retain a New Zealand bank account in your name until your payment is made. You may request that your withdrawal is paid to an overseas bank account, but the confirmation of identity requirements are more onerous and time consuming.

Overseas address

Mobile

PART B

All members to complete

I request that the benefit due to me from UniSaver New Zealand on termination of my service with my employer is processed as follows:

Option 1 - Full withdrawal - tick one Standard section Locked section

My benefit is to be paid to me in full by direct credit to my bank account. [ ] [ ]

Attach a deposit slip or bank statement for an account in your name (or joint names). Payments will not be made to business accounts, family trust accounts or accounts of another person.

OR

Option 2 - Transfer to another superannuation scheme - tick one Standard section Locked section

My benefit is to be transferred to the following superannuation scheme: [ ] [ ]

Scheme name Scheme membership number

Funds in the locked section can only be transferred to another complying superannuation fund or KiwiSaver scheme.

OR

**Option 3 – Deferred membership**

Standard section      Locked section

I wish to leave all or part of my benefit in UniSaver. I agree to be bound by the terms and conditions of membership as they apply to deferred members.

**OPTIONAL** – I wish to withdraw \$ ..... or ..... % of my benefit before my accounts are deferred.

\$5,000 must remain in the account or it will be closed. Attach a deposit slip or bank statement for an account in your name (or joint names).

You must complete **Parts C** and **D** if you have funds in the locked section. If you are a member of the standard section only, sign and date the form on page **3**.

**PART C**

**Locked members to complete** – *tick one*

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I have attained age 65 and completed 5 years' membership of a KiwiSaver scheme or complying superannuation fund.

OR

I have not attained age 65 and/or completed 5 years' membership of a KiwiSaver scheme or complying superannuation fund. I understand that I cannot select **Option 1 – Full withdrawal** for my locked section funds in Part B. (The 5-year rule will change on 1 July 2019. Call the helpline for more information.)

**PART D**

**Locked members to complete** – *tick one*

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I am choosing to leave all of my locked funds in UniSaver as a deferred member by selecting **Option 3 – Deferred membership** in Part B.

OR

I have completed the statutory declaration on page **3**.

**Statutory declaration** – *locked members to complete unless you have elected to become a deferred member*

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 withdrawal.
- 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

**PART F**

**Employer to complete**

Employer name .....

Employee's membership number .....

Termination date **DD/MM/YYYY** .....

Reason for termination of service – *tick one*

- Retirement on or after age 60 years.
- Retirement between the ages of 50 and 60 years with the agreement of the employer.
- Leaving service at any time due to ill health as defined in the trust deed.
- Leaving service for reasons other than above .....

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 .....

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I certify that:

- the above-named employee has terminated or will terminate service with the above-named employer on the above termination date
- the reason for the employee's termination of service is as indicated above
- 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** .....

**Scan and email** this form to [unisaver@mercer.com](mailto:unisaver@mercer.com)

**Alternatively, post** the form to:

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