



This form is only for locked members who are **not** leaving service. Use option 3 below if you want to transfer funds from the locked section to your KiwiSaver scheme to make a first-home withdrawal from that scheme.
• Use **form 9** Leaving service if you are leaving employment.
• Use **form 12** Retained member partial or total withdrawal if you are a retained member.

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.

Select type of withdrawal – tick one option

Option 1 – Partial withdrawal

I wish to make a partial withdrawal from my locked accounts of \$
I confirm that:
I am aged 65 or over.
This only applies to members who joined before 1 July 2019 – I have completed 5 or more years' membership of the locked section (or another complying superannuation fund or KiwiSaver scheme).

Option 2 – Total withdrawal

I confirm that:
I am aged 65 or over.
This only applies to members who joined before 1 July 2019 – I have completed 5 or more years' membership of the locked section (or another complying superannuation fund or KiwiSaver scheme).

Your withdrawal will be paid by direct credit to your bank account (attach a deposit slip or bank statement showing your account number).

Option 3 – Transfer to a KiwiSaver scheme or complying superannuation fund

I wish to transfer the full balance of my locked accounts to the following KiwiSaver scheme or complying superannuation fund:
Provider name
Member number with the above provider

From age 65, you are no longer eligible for government contributions.

Checklist – make sure you include the following:

- Fully completed form (including the statutory declaration on page 2).
- Deposit slip or bank statement for the account your withdrawal is to be paid into (not required if you are transferring your balances to another scheme).

Signed **MEMBER**

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

Statutory declaration

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