



You need to be aged 65 or older to be eligible to make withdrawals from your locked account.

Personal and contact details

Mr Mrs Miss Ms Dr Assoc Prof Prof
Surname Given names
Membership number Date of birth DD/MM/YYYY
Email
Work phone Home phone Mobile

Select type(s) of withdrawal

A transaction fee may be charged for withdrawals and transfers from retained accounts. The first partial withdrawal from your account(s) is free. A fee will be charged for the second and any subsequent withdrawal in any 12-month period. A termination fee applies if you withdraw the total balance of your account(s) and exit the scheme. See unisaver.co.nz for the current fees. Your withdrawal will be paid by direct credit to your bank account (attach a deposit slip or bank statement).

Option 1 - Partial withdrawal (standard account)

I wish to make a partial withdrawal of \$ from my member standard account.
I understand that I must make a total withdrawal if this withdrawal reduces the balance in my accounts to less than \$5,000.

Option 2 - Total withdrawal (standard account)

I wish to make a total withdrawal of my member standard account.

Option 3 - Withdrawal (locked accounts) - choose one

I wish to make a partial withdrawal from my locked account balances of \$
I wish to withdraw the full balances in my locked accounts.
I confirm that I am aged 65 or over.

Option 4 - Transfer (locked accounts)

I wish to transfer the balances in my locked accounts that I am not yet entitled to withdraw to the following KiwiSaver scheme or complying superannuation fund.

Scheme name: Contact:
Address:

All members to complete

I acknowledge that, if I make a total withdrawal, once payment of my account balances and the requested transfer of my locked account balances (if applicable) has been made, I will have received full rights in accordance with UniSaver's trust deed and have no further claims against the trustee.

For members who joined the locked section before 1 July 2019

I understand that, in signing this form, I am opting out of the requirement to have completed five or more years' membership of the locked section (or another complying superannuation fund or KiwiSaver scheme) before becoming eligible to make a withdrawal. Further, if making a partial withdrawal, I understand that, from the date of this withdrawal, I will no longer be eligible for government contributions.

Signed MEMBER Date DD/MM/YYYY

**Checklist** – make sure you include the following:

Form completed in full (including the statutory declaration on this page if you are withdrawing all or part of your locked account balances).

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).

If you have any queries about completing this form, please call 0800 864 724 or email [unisaver@mercero.com](mailto:unisaver@mercero.com).

**Email** this form to [unisaver@mercero.com](mailto:unisaver@mercero.com)

**Alternatively, post** the form to:

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

**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 – choose 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