



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 - choose 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.

Option 2 - Total withdrawal

I confirm that I am aged 65 or over.

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).

**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

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

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

**Alternatively, post** the form to:

UniSaver New Zealand  
c/o 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 – *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: DD/MM/YYYY

End date: DD/MM/YYYY

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

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