



Complete **Parts A, B** and **E** (and **Parts C, D** and **F** if you are a locked member). Sign and date the form on page **3**. Your employer will complete Part G.

- 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 - choose one Yes No
I have funds in the locked section - choose 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 retained 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 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 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 – Retained 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 retained members.

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

\$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're a locked member, you also need to complete the statutory declaration (**Part F**) unless you have elected to become a retained member. If you are a member of the standard section only, sign and date the form on page **3**.

PART C

Locked members to complete – *choose one*

I have attained age 65.

OR

I have not attained age 65. I understand I cannot select **Option 1 – Full withdrawal** for my locked section funds in Part B.

PART D

Locked members to complete – *choose one*

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

OR

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

PART E

All members to complete

I acknowledge that, once payment of the total balances of my member standard and employer standard accounts and my locked accounts balances is 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 page **3** if you are a locked member who has not elected to become a retained member).

Deposit slip or bank statement for the account your withdrawal is to be paid into – this must be in your name (or joint names), and payments cannot be made to business or trust accounts.

If you have any queries about completing this form, please call 0800 864 724 or email unisaver@mercero.com.

Scan this form and email it to Payroll/HR for them to complete the employer section.

PART F

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

PART G

Employer to complete

Employer name

Employee's membership number

Termination date DD/MM/YYYY

Reason for termination of service – *choose 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

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

Email this form to unisaver@mercero.com

Alternatively, post the form to:

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