

9 Leaving service

To the trustee of UniSaver New Zealand



Please use **BLOCK LETTERS** and read the whole form before you start completing it. **Complete one option in Part A only (and the statutory declaration if you are a Locked Member)**. Your employer will complete Part B.

PART A

Mr/Mrs/Miss/Ms/Dr/Assoc Prof/Prof.....

Circle one

Surname

Given names

Residential addressPostcode.....

Work phone.....Home phone.....Mobile.....

Email.....Date of birth.....

Membership number..... IRD Number (Locked members only).....

* By providing your email address you are consenting to receiving information about UniSaver (including the annual report) electronically. Should you no longer wish to receive such information electronically, or should your email address change, you undertake to advise UniSaver's administration manager by updating your personal details on unisaver.co.nz.

IMPORTANT – If you are leaving New Zealand, please provide overseas contact details so that, if necessary, UniSaver's administrators can continue to contact you. This is particularly important if you choose to become a deferred member.

Overseas address.....

.....Mobile.....

Payment type – choose one option only

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

Option 1 – Full withdrawal (Locked members please also complete the statutory declaration overleaf)
My benefit (excluding any balance in my locked accounts) is to be paid to me in full by direct credit to my bank account (attach a deposit slip or bank statement print out).

Option 2 – Transfer to another superannuation scheme (not to be completed by Locked members)
My benefit is to be transferred to the following superannuation scheme:

Scheme name.....Contact person.....

Address.....

Option 3 – Deferred membership – available to all members, including Locked members
I am leaving employment as a result of retirement, resignation or redundancy and 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.

My locked account balances (if applicable) and/or

\$.....or.....% of my benefit (not less than \$5,000)
are to remain in my UniSaver account.

The balance is to be paid by direct credit to my bank account (attach a deposit slip or bank statement print out).

IMPORTANT – If you are a Locked member you MUST complete this section unless you have elected to become a deferred member and have your locked accounts retained in UniSaver.

Tick one box only

- I have not** attained age 65 and/or completed five years' membership of a KiwiSaver scheme or complying superannuation fund and therefore request that my locked accounts be transferred to the following KiwiSaver scheme/complying superannuation fund:

Scheme name.....Contact person.....

Address.....

I understand that if I do not provide that information, the total balances in my Member Standard and Employer Standard Accounts and my locked accounts will be held until Inland Revenue has allocated my locked account balances to one of the default KiwiSaver schemes.

OR

- I have** attained age 65 and completed five years' membership of a KiwiSaver scheme or complying superannuation fund and wish to withdraw my locked account balances.

I understand that before my application to withdraw all or part of my locked account balances can be approved, I am required to complete the following statutory declaration.

Statutory declaration

I (full name).....

of (address, occupation).....

solemnly and sincerely declare that:

- I am entitled to make this withdrawal
- my principal place of residence during the period that I was a Locked member (and/or KiwiSaver scheme member) was in New Zealand. (If you did not reside principally in New Zealand for any period, please specify the period(s))
.....

- the information I have provided in this UniSaver New Zealand leaving service 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.

Declared at.....this day.....20.....

Before me.....

Signature of.....

(Justice of the Peace, or solicitor, or notary public, or other person authorised to take a statutory declaration.)

Name.....

Address.....

Occupation.....

ALL members to sign

I acknowledge that once payment of the total balance of my Member Standard and Employer Standard Accounts and my locked account balances is made, I will have received full rights in accordance with UniSaver's trust deed and have no further claims against the trustee.

Signed.....Date.....

BEFORE YOU RETURN THIS FORM to your employer, please ensure:

- you have fully completed the form (including the statutory declaration if you are a Locked member); **and**
- you have included a pre-printed deposit slip or copy of a bank statement for the account your benefit is to be paid to.

PART B Employer use only

Employer name.....

Membership number..... Termination date.....

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 (letter attached).
- Leaving service at any time due to ill health as certified by the trustee of the UniSaver (letter attached).
- Death.
- Leaving service for reasons other than above.....

Contributions

	MEMBER		EMPLOYER	
	Standard	Locked	Standard	Locked

Date of last contribution.....	\$.....	\$.....	\$.....	\$.....
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Total contributions from last 1 January up to the termination date	\$.....	\$.....	\$.....	\$.....
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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..... Date.....

- Retain a copy of this form for your file.
- Send the original to:
UniSaver New Zealand
c/o Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140