

CESSATION ADVICE

Name:						
Home address:						
Member #: IRD #:	Date of birth:/					
Email address:	Phone no: ()					
TYPE OF BENEFIT:						
I hereby apply for the payment of the benefit ticked below: (Please select one benefit only) RETIREMENT REDUNDANCY DISMISSAL DEATH RESIGNATION LOSS OF MEDICAL FITNESS LOSS OF PHYSICAL FITNESS						
PART 1 - REGULAR SECTION BALANCE (all members)	ers to complete)					
Continue membership ☐ I wish to retain my benefit in FireSuper and become a de	eferred member					
OR Deposit into my bank account Attached is a bank statement or internet banking print out for the account into which my benefit is to be deposited OR						
Transfer to a KiwiSaver scheme or other superant	uation fund					
☐ Transfer my Regular Section balance to the following KiwiSaver scheme or superannuation fund (including a complying superannuation fund):						
Scheme name:	Member number:					
If you intend to withdraw a portion of your benefit, please complete and return form FS11 'Deferred member withdrawal request'. For a copy of the form and a fact sheet explaining deferred membership, visit the 'Documents' page on www.firesuper.org.nz , call 0800 MY SUPER (0800 69 78737) or email nzfire.super@mercer.com .						
PART 2 – COMPLYING FUND SECTION BALANC overleaf if you are making or have made contributions to the						
Continue membership						
$\ \square$ I wish to remain a member of the Complying Fund Secti	on and become a deferred member.					
I understand that since I can no longer contribute to Fire for Government contributions. OR	Super, I will cease to be eligible YES / NO					
Deposit into my bank account						
☐ Please pay my benefit into my bank account. I confirm the	nat I have reached NZ Super age (currently 65).					
I have also completed the statutory declaration overleaf.	YES / NO					
OR						
 Transfer to a KiwiSaver scheme or other complying □ Please transfer my Complying Fund Section balance to complying superannuation fund: 	• .					
Scheme name:	. Member number:					
I certify that the above answers are true and correct to the best of my knowledge.						
Signed:	Date:/					

IMI	PORTANT: BEFORE YOU RETURN THIS FORM
	Have you checked the form and ensured it has been completed correctly?
	Have you attached a bank statement or internet banking print out for the bank account into which any payment is
	to be deposited?
	If you are withdrawing funds from the Complying Fund Section, have you and your witness completed and signed
	the statutory declaration?

PLEASE FORWARD YOUR COMPLETED FORM AND EVIDENCE OF YOUR BANK ACCOUNT DETAILS TO: NHQPayroll@fireandemergency.nz

STATUTORY DECLARATION

ONLY COMPLETE FOR WITHDRAWALS FROM THE COMPLYING FUND SECTION

Please complete this section in front of a person authorised to take a statutory declaration. The people legally authorised to take a statutory declaration are listed below.

Ι, _						
	Full name					
of _						
	Address and occupation					
-	uest a withdrawal of my Complying Fund Section balance rleaf.	e, including any Gove	ernment contributions,	as shown		
I co	nfirm that I have reached NZ Super Age (currently 65).					
l so	lemnly and sincerely declare that:					
•	I am entitled to make this withdrawal;					
•	my principal place of residence has been in New Zealand during the period since an account was established for my benefit in a KiwiSaver scheme or complying superannuation fund. (If you did not reside principally in New Zealand for any period, please specify the periods:					
•	all the information I have provided in this form regarding my application is true and correct.					
and	d I make this solemn declaration conscientiously beli I Declarations Act 1957.	-	-			
Sigi	nature of member:					
Dec	clared at	this da	y of	20		
Dat	Location	Day		Year		
вен	ore me (please print):	laration	Please specify office he	 eld		
	•		, ,			
Sigr	nature:					
Pe	ople who can witness a statutory declaratio	on in New Zealar	nd are:			
(a)	a person enrolled as a barrister and solicitor of the High Court	; or				
(b)	a Justice of the Peace; or					
(c)	a notary public; or					
(d)	the Registrar or a Deputy Registrar of the Supreme Court; or					
(e)	the Registrar or a Deputy Registrar of the Court of Appeal; or					
(f)	a Registrar or Deputy Registrar of the High Court or a District	Court; or				
(g)	some other person authorised by law to administer an oath; or					
(h)	a member of Parliament; or					
(i)	a person who-					
	(i) is a fellow of the New Zealand Institute of Legal Executive	es; and				
	(ii) is acting in the employment of a practising barrister and solicitor of the High Court; or					
(j)	an employee of the New Zealand Transport Agency, authorised for that purpose by the Minister of Justice; or					
(k)	an employee of Public Trust authorised for that purpose by the Minister of Justice; or					
(I)	an officer in the service of the Crown or a local authority autho	orised for that purpose b	by the Minister of Justice.			

CESSATION ADVICE (TO BE COMPLETED BY THE PAYROLL MANAGER)

Total <i>member</i> contributions to Regular Section <u>1 April to 31 March</u>	\$			
Total member contributions to Complying Fund Section 1 April to 31 March	\$			
Total net Fire and Emergency contributions to Regular Section 1 April to 31 March	\$			
Total net Fire and Emergency contributions to Complying Fund Section 1 April to 31 March	\$			
Total <i>Voluntary</i> Contributions <u>1 April to 31 March</u>	\$			
Date member ceased employment				
Date of final contribution(s)				
Current annual salary (for superannuation purposes)	\$			
Effective date joined Fire and Emergency				
Current member contribution rate (excluding Voluntary Contributions)	% of salary			
I certify on behalf of Fire and Emergency New Zealand that the above answers on this page are true and correct to the best of my knowledge.				
Ful name:				
Signed	Date//			

NHQ PAYROLL TO RETURN COMPLETED FORM TO FIRESUPER'S ADMINISTRATION MANAGER, MERCER (N.Z) LIMITED PO BOX 1849, WELLINGTON 6140 OR EMAIL nzfire.super@mercer.com.