

APPLICATION FOR A COMPLYING FUND SECTION WITHDRAWAL

Name:		Title: Mr / Mrs / Ms / Miss
Surname	Given names	(Please circle one)
Home Address:		
Member No:	Location:	IRD No:
Date of Birth://	Email address:	

IMPORTANT: To withdraw funds from your Complying Fund Section balance you must have reached NZ Super Age (currently 65). You must also complete the statutory declaration overleaf.

Bank details for withdrawal payment:

□ Attached is an encoded deposit slip or header from a bank statement or internet banking print out for the account into which all or part of my benefit is to be deposited.

Note that payment must be made to your personal account and not to a third-party such as a family trust.

Withdrawal details:

□ I wish to withdraw the **full amount** of my balance in the Complying Fund Section. (If this brings your Accumulation to zero, your membership of FireSuper will automatically cease.)

OR

I certify that the above answers are true and correct to the best of my knowledge.

Signed Date

IMPORTANT – BEFORE YOU RETURN THIS FORM

□ Have you checked the form and ensured it has been completed correctly?

- □ Have you attached an encoded bank deposit slip or the header from a bank statement or internet banking print out for the bank account your payment is to be deposited into?
- □ Have you completed the statutory declaration and had it witnessed?
- □ If applicable, has your witness signed and completed the statutory declaration?

Send your completed form and evidence of your bank account details to:

Post: The Administrator, FireSuper Mercer (N.Z.) Limited, PO Box 1849 Wellington 6140. Email: nz.fire.super@mercer.com

STATUTORY DECLARATION

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.

I, _	
	Full name
of .	
	Address and occupation
•	est a withdrawal of all or part of my balance in the Complying Fund Section, including any Government ibutions, as shown overleaf.
со	firm that I have attained age 65.
so	mnly and sincerely declare that:
	am entitled to make this withdrawal;
bee	For the period I have contributed to the Complying Fund Section of FireSuper (if applicable), New Zealand has my principal place of residence. Where I did not reside principally in New Zealand for any period, I have speci period(s) below (leave blank if not applicable):
Stai	date: End date:
Stai	date: End date:; and
	Il the information I have provided in this form regarding my application is true and correct.
-	ature of member:
	Location Day Month Year
Bef	re me (please print):
	Person authorised to take statutory declaration Please specify office held
Siar	ature:
<i></i> 9.	
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	ple who can witness a statutory declaration in New Zealand are:
,	a person enrolled as a barrister and solicitor of the High Court; or
	a Justice of the Peace; or
d)	a notary public; or the Registrar or a Deputy Registrar of the Supreme Court; or
d) e)	the Registrar or a Deputy Registrar of the Court of Appeal; or
e) f)	a Registrar or Deputy Registrar of the High Court or a District Court; or
i) 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 Executives; and

- (ii) is acting in the employment of a practicing 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 authorised for that purpose by the Minister of Justice.