

APPLICATION FOR EARLY ACCESS BENEFIT

Name: Title: Mr / Mrs / Ms / Miss
Surname Given names (Please circle one)

Home address:

Member no:..... IRD no: Date of birth: ____ / ____ / ____

Email address:

I apply to make an early access benefit withdrawal from my Accumulation as set out below.

This is my **first/second** (delete one) application for an early access benefit. My first early access benefit was paid on:

_____ (day) _____ (month) 20 _____ (year) (complete only if you have been paid an early access benefit before).

Amount of this withdrawal: \$ _____

☐ 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.

I understand that:

- No withdrawal can be paid from my Fire and Emergency Regular Account or, where applicable, my Complying Fund Section balance.
- I may not withdraw more than 50% of the value of my Member Regular Account balance as at the date of this application.
- I cannot make more than two withdrawals during my membership in FireSuper and the Trustee will not approve a second withdrawal until at least five years after the payment of my first early access benefit.
- No withdrawal is permitted until the aggregate value of my Fire and Emergency Regular Account and Member Regular Account exceeds three times my superable salary.
- An early access withdrawal will reduce the value of any benefit to which I subsequently become entitled.

I certify that the information I have provided in this form is true and correct to the best of my knowledge.

Signed: _____ Date: _____

All sections must be completed in full, and evidence of your bank account details provided. If you need assistance, call the FireSuper Helpline on 0800 69 78737.

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: nzfire.super@mercero.com

TRUSTEE CHECKLIST:

Questions - eligibility	Criteria	Yes/No
Is the application in the form required by the Trustee?		
Is the value of the early access benefit no greater than the sum of 50% of the Member Regular Account at the date of application?	Member Regular Account \$ _____ Date of application ____/____/____	
Is the aggregate value of the Fire and Emergency Regular Account and the Member Regular Account in excess of three times the member's superable salary?	Fire and Emergency Regular Account \$ _____ Member Regular Account \$ _____ Total \$ _____ Member's superable salary \$ _____	
Is this the first or second application for an early access benefit?	<input type="checkbox"/> First <input type="checkbox"/> Second	
If this is the second application for an early access benefit when was the first application? Have five years passed since the first payment of an early access benefit?	<input type="checkbox"/> N/A or Date of first application ____/____/____	
Has the member provided the Trustee with all required information?		

AUTHORISATION TO PAY EARLY ACCESS BENEFIT TO BE COMPLETED BY THE TRUSTEE

We, the undersigned being directors of the Trustee or Authorised Persons, hereby authorise and request Mercer (N.Z). Limited to pay _____ (the member)
\$ _____ as his/her early access benefit based on the above information.

Dated this day of of the year 20

Authorised Person..... Authorised Person.....