

APPLICATION FOR EARLY ACCESS BENEFIT

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

Home address:

Member #: IRD #: Date of birth:/...../.....

Email address: Phone no: ()

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: \$ or ☐ Maximum available

☐ 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.
- The withdrawal amount will be drawn down first from my Member Voluntary Account (if I have one) and then from my Member Regular Account.
- 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@mercerc.com