

# **NZ Post Superannuation Plan**

CSF partial withdrawal form

Use this form to make a full or partial withdrawal from your CSF account.

### Can you make a withdrawal?

You need to be 65 years of age or older to be eligible to make a withdrawal. You can withdraw the full balance of your CSF account or make a partial withdrawal. You can make a partial withdrawal once each year – on the anniversary of the date you make your first withdrawal.

You cannot withdraw any savings you have in the standard section of the Plan while you are still working at Post.

Call 0800 NZP SAVE (0800 697 728 - choose option 1) if you need help completing this application form.

# Step 1: Complete your personal details

Title:	☐ Mr ☐ Mrs ☐ Miss ☐ Ms	Surname:			
First names:					
Employee number:		Date of birth	DD / MM / YYYY		
Postal address:					
		Postcode:			
Daytime phone or mobile:	( )	Email <sup>1</sup> (Optional):			
IRD number:		PIR <sup>2</sup> :	☐ 10.5% ☐ 17.5% ☐ 28% (please tick one)		
Step 2: Let us know the details of the withdrawal/transfer Subject to the requirements of the trust deed for the CSF section, I request (please tick one):   A partial withdrawal of \$					
☐ A withdrawal of my full balance					
family trust accounts or		·	Payments will not be made to business accounts, ip or printed bank statement.		

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<sup>&</sup>lt;sup>1</sup> By providing this, you agree to the NZ Post Superannuation Plan sending you information about your savings (including annual reports) electronically. You may opt out at any time.

<sup>&</sup>lt;sup>2</sup> Prescribed Investor Rate

# Step 3: Complete this statutory declaration

You need to complete this statutory declaration before you can withdraw funds from your CSF account. You only need to complete it the first time you make a CSF account withdrawal.

The declaration must be completed before:

- A person enrolled as a barrister or solicitor of the High Court
- A Justice of the Peace
- A notary public

Occupation:

- A Registrar or Deputy Registrar of the Supreme Court, High Court, a District Court or Court of Appeal, or
- Another person authorised to take statutory declarations.

The name, position and telephone number of the certifier must be clearly noted.

Please tick the stateme	ent that applies (you must complete	e this secti	on before obtaining the st	tatutory declaration below):	
☐ During my CSF me the place you usually	embership, my principal place of re live.)	sidence w	as New Zealand. (Your p	rincipal place of residence is	
OR					
☐ During my CSF me	embership, there were periods whe	n my princ	cipal place of residence w	as outside New Zealand.	
	f your knowledge, the periods durir p when your principal place of 'ealand:	ng			
Statutory Declaration	ı				
Employee number:					
I,					
	Full name of person making declaration				
of					
	Address				
	Solemnly and sincerely declare that:				
	incipal place of residence in				
	same to be true and by virtue				
Signature:		(of the person making the declaration)			
Declared at:					
this		day of		20	
Before me	(signature, name, occupation and address of the person in front of whom the declaration is made)				
Full name:					
Address:					

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Phone number:

)

#### Notes:

- We are unable to process your withdrawal application until we have received all the required forms and confirmed you are eligible to make a retirement withdrawal. Once this happens, your withdrawal may take up to two weeks to process.
- When you reach age 65, you are no longer eligible for government contributions. Additional employer contributions are at the discretion of your employer.

### **Privacy statement**

The information in this form and any required supporting documentation is being collected so a decision can be made regarding your withdrawal request. The NZ Post Superannuation Plan, NZ Post and its associated companies and Mercer (N.Z.) Ltd have access to this information. Access is subject to strict security arrangements, and the NZ Post Superannuation Plan and other parties noted above will comply with the Privacy Act 2020 when dealing with this information.

## Step 4: Sign and date this form

- I have read the privacy statement (above).
- I understand that should the information given in this CSF partial withdrawal form be incomplete or incorrect, the
  NZ Post Superannuation Plan will not be able to complete its assessment of this application without receiving
  complete and correct information. I verify that the information in this form is true and correct.
- I consent to the use of the personal information provided in this form by the NZ Post Superannuation Plan, NZ
  Post and its associated companies and Mercer (N.Z.) Ltd so that they can assess this application for a
  withdrawal from the CSF section of the NZ Post Superannuation Plan. I understand that I may ask to access
  and correct my personal information.
- I understand that where my principal place of residence is not New Zealand, I am not entitled to government
  contributions during that period. Any government contribution entitlement that the NZ Post Superannuation Plan
  has claimed on my behalf during that period will be deducted from my withdrawal amount and returned to the
  Commissioner of Inland Revenue.

### Return the completed form to:

Freepost 165572 NZ Post Superannuation Plan C/- Mercer PO Box 1849 Wellington 6140

Alternatively, you can scan and email it to nzpostsuper@mercer.com

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