

NZ Post Superannuation Plan Suspend/restart contributions form

Please complete this form if you would like to suspend (or renew the suspension of) all your contributions to the Plan. You can also use it to let us know if you would like to restart contributions. Fill out the 'Alter contributions form' if you are a member of both the standard and locked sections of the Plan and want to suspend just one type of contribution.

If you suspend contributions, all your account balances will remain invested in the Plan. Call us on **0800 NZPSAVE** (0800 697 728 – choose option 1) if you have any questions about this form.

Step	1: Complete y	our pers	onal details				
Title:		□ Mr □ ľ	Mrs □ Miss □ Ms	Surname:			
First r	names:						
Emplo	oyee number:			Date of birth:	DD / MM / YYYY		
Posta	l address:				Postcode:		
Daytir phone	me e/mobile:	()		Email:			
This wi	•	new the su	•	•	uspending) your contributions ny voluntary contributions and contributions to		
	what you'd lik				Table 10000/		
-	•	-		ions to the Plan on DD			
Resta	art my contribution	ons to the P	lan on DD / MM /	YYYY (maximum susp	ension period is 1 year)		
Notes:							
	suspension per Your contribute When your congression also compare suffering final	eriod. ions will reantributions blete and reantributions	start automatically restart, they will re eturn the 'Alter cont	after 1 year if you don't sume being paid at the tributions' form.	provide an earlier restart date. pre-suspension salary percentage unless may be able to suspend your contributions		
My rea	son for susper	sion is: (ti	ick as appropriate)				
□ Par	ental leave			☐ Sick leave (☐ Sick leave (without pay)		
□ Spe	☐ Special leave (without pay)			☐ Financial ha	☐ Financial hardship due to Covid-19		
☐ Oth	er (please spec	ify):					
Pleas	. ,	ircumstanc	es if you are seekir	ng to suspend contribut	ions as a result of financial hardship due to		

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Step 3: Complete this step if you wish to restart your contributions earlier than advised previously

Please restart all my contributions to the Plan on DD / MM / YYYY

Note: When your contributions restart, they will resume being paid at the pre-suspension salary percentage unless you also complete and return the 'Alter contributions' form.

Step 4: Sign and date the form			
Your signature:	Date:	DD / MM / YYYY	

Please return this form to payroll. Scan and email it to payroll@nzpost.co.nz or post it to Payroll, Employee Information Services, NZ Post, Private Bag 39990, Wellington Mail Centre, Lower Hutt 5045

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Office use only – payroll to complete

For members su	spending contributions	For	For members restarting contributions					
Please make sure	e the member has:	Ple	Please make sure the member has:					
☐ Filled in their employee nu	full name, postal address and mber		Filled in their full name, postal address and employee number					
 Specified a reason for suspending contributions (this helps us assess the changing needs of our 			Indicated clearly that they wish to restart contributions					
members)	3 3 · · · · · ·		Signed and dated the form.					
,	lated the form.							
Employee Number (Confirmation) The effective date for the suspension (or renewed suspension) of the member's contributions is DD / MM / YYYY The member's contributions are being restarted on effective date: DD / MM / YYYY								
Completed by:		Chec by:	cked					
Signature:		Signa	ature:					
Date:	DD / MM / YYYY	Date	DD / MM / YYYY					
□ Original sent to: NZ Post Super Plan, C/- Mercer, PO Box 1849, Wellington 6140. Alternatively, you can scan and email it to nzpostsuper@mercer.com								

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