

NZ Post Superannuation Plan

Voluntary account withdrawal form

Use this form to withdraw some or all of the balance of your voluntary account. Payment will be made three months' after we receive your request. In some cases, the trustee may approve an earlier payment if you have an urgent need for funds. You can only make a withdrawal once every six months. These policies have been set to ensure the Plan stays within the rules governing superannuation schemes.

Step 1: Complete your personal details

Title:	□ Mr □ Mrs □ Miss □ Ms	Surname:		
First names:				
Employee number:		Date of birth:	D / MM / YYYY	
Postal address:				
		Postcode:		
Daytime phone/mobile:	()	Email:		
Have you made a with	drawal from your voluntary acco	unt in the past 6 months?	☐ Yes ☐No (PI	lease tick one)
Urgent request for funds Please complete this section if you have an urgent need for funds. Expect payment to take up to 2 weeks if your request is approved. (Please tick) I would like the trustee to consider waiving three months' notice rule and granting an urgent request for funds. Please provide a reason				
Have you made an urg	ent request for funds previously	? □ Yes □No (<i>Please ti</i>	ick one)	
Step 2: Let us know the details of the withdrawal				
How much would you like to withdraw? (Please tick one)				
☐ A partial withdrawal of \$ (Enter amount you would like to withdraw)				
☐ A withdrawal of the full balance of my voluntary account				
=	tion to a New Zealand bank account accounts of another person.	t in your name. Payments v	will not be made to	o business accounts,
☐ I confirm that I have provided a pre-printed bank encoded deposit slip or printed bank statement.				
Step 3: Sign and da	ate this form			
Your signature:			Date:	DD / MM / YYYY

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.

Got a question? Call 0800 NZP SAVE (0800 697 728 - choose option 1)

November 2023