

New Zealand 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 one: Complete your personal details

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname:	
First names:			
Employee number:		Date of birth:	DD / MM / YYYY
Postal address:			
		Postcode:	
Daytime phone/mobile:	()	Email:	

Have you made a withdrawal from your voluntary account in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick one)</i>
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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.

<i>(Please tick)</i>	
<input type="checkbox"/> 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 urgent request for funds previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick one)</i>	

Step two: Let us know the details of the withdrawal

How much would you like to withdraw?

(Please tick one)

<input type="checkbox"/> A partial withdrawal of \$_____ <i>(Enter amount you would like to withdraw)</i>
<input type="checkbox"/> A withdrawal of the full balance of my voluntary account

Bank account information

Payments can be made to a New Zealand bank account in your name. Payments will not be made to business accounts, family trust accounts or accounts of another person.

I confirm that I have provided a pre-printed bank encoded deposit slip or printed bank statement.

Step three: Sign and date this form

Your signature: _____

Date: DD / MM / YYYY

Return the completed form to:

Freepost 165572, New Zealand Post Superannuation Plan, C/- Mercer, PO Box 1849, Wellington 6140
Alternatively, you can fax this form to (04) 819 2699 or scan and email it to nzpostsuper@mercerc.com.

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