

# NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME CESSATION ADVICE AND DISCHARGE FORM

**PART 1: CESSATION ADVICE (MEMBER MUST ANSWER ALL QUESTIONS)**

**1. My details:**

Name of Member ..... Member number .....

Member's Address .....

.....Telephone number .....

**2. Details for benefit payment:**

Bank Account number .....

Name of Bank ..... Branch .....

**AN ENCODED DEPOSIT SLIP MUST BE ATTACHED AS VERIFICATION OF ACCOUNT NUMBER**

Please ensure there is only one answer for each question below by deleting all other alternatives.

**3. Type of benefit:**

I hereby apply for the payment of a benefit as circled below:

RETIREMENT	RETRENCHMENT	RESIGNATION	DISMISSAL
LOSS OF MEDICAL FITNESS	DEATH	LOSS OF PHYSICAL FITNESS	

**4. Continued membership:**

I wish to remain a member of the scheme and/or the Complying Superannuation Fund. **YES / NO**

**5. Questions to determine Employer Superannuation Contribution tax liability:**

- 5.1. My taxable income from all sources, including employer superannuation contributions, exceeded \$ 70 000.00 in any of the last four years (ending 31 March) of scheme membership? **YES / NO**
- 5.2. If the answer to question 1 was YES, how many years has it exceeded \$ 70 000.00? **1 / 2 / 3 / 4**
- 5.3. In the event of Superannuation Fund Withdrawal tax being payable I wish to:
- Take an immediate benefit **YES / NO**
  - Leave my benefit in the scheme for a minimum of two years **YES / NO**
  - Transfer my benefit to another registered superannuation scheme to be uplifted in two years **YES / NO**
  - Use my benefit to purchase an annuity with a duration of no less than ten years **YES / NO**

**6. Complying Superannuation Fund:**

I am a member of the Complying Superannuation Fund? **YES / NO**

I have been a member of the Complying Superannuation Fund since ..... /..... /20..... .

I do not wish to remain a member of the Complying Superannuation Fund and wish my Locked-in Accumulations to be transferred to .....(Name of Fund Manager) who can be contacted on telephone number .....

I certify that the above answers are true and correct to the best of my knowledge.

Signed ..... Date .....

**PLEASE FORWARD THIS FORM AND YOUR DEPOSIT SLIP TO PO BOX 36287, MERIVALE, CHRISTCHURCH 8146.**

Privacy Act Statement

*In accordance with the Privacy Act 1993, you are advised that the information contained on this form is being collected to enable the scheme to maintain a membership file. Mercer (NZ) Ltd, of Wellington, will hold and maintain your membership file. The purpose for the collection of the information is to administer your interest in the scheme. No other agency will receive the information. You have the right to access and correct that information at any time.*

**PART 2: CESSATION ADVICE (TO BE COMPLETED BY THE PAYROLL MANAGER)**

**A. Questions to determine Employer Superannuation Contribution tax liability:**

1. Does the benefit payment include the refund of any contribution made by the employer on behalf of the member, contributed after 31 March 2000 from which ESCT of 33 % has been deducted? **YES / NO**

**If the answer is NO tick the Non-FWT Assessable box below.**

2. Has the rate of employer contributions for this member increased other than as a result of salary increases since 31 March 2000? **YES / NO**

**If the answer is NO tick the Non-FWT Assessable box below.**

3. Is the increase in the rate of employer contributions as a result of contractual or trust deed provisions that were in place on 31 March 2000? **YES / NO**

**If the answer is YES tick the Non-FWT Assessable box below.**

4. Is the benefit in respect of a payment for financial hardship, matrimonial settlement or for death? **YES / NO**

**If the answer is YES tick the Non-FWT Assessable box below.**

5. Is the benefit paid as a result of ceasing employment due to illness or injury? **YES / NO**

**If the answer is YES tick the Non-FWT Assessable box below.**

6. If the benefit is for a full withdrawal from the scheme has the Employer ceased contributing to the scheme on behalf of the member more than two years prior to the member ceasing employment? **YES / NO**

**If the answer is YES tick the Non-FWT Assessable box below.**

7. Has the member attained the Normal Retirement Date as defined in the trust deed, and have they reduced their hours of work to less than 30 hours per week, ceased contributions and declared to the Employer that they are not intending to increase their working hours back to more than 30 hours per week? **YES / NO**

**If the answer is YES tick the Non-FWT Assessable box below.**

8. Has the percentage rate of Employer contribution for this member increased by more than 150% (by more than half of the original rate) in either of the past two income years over the preceding income year? **YES / NO**

**If the answer is NO tick the Non-FWT Assessable box below.**

**NON-FWT ASSESSABLE**  **POSSIBLY ASSESSABLE FOR FWT**

**B. Other information:**

Total <i>Member</i> Contributions to other than Complying Fund <b>1 April to 31 March</b>	\$ .....
Total <i>Member</i> Contributions to Complying Fund <b>1 April to 31 March</b>	\$ .....
Total net <i>Commission</i> Contributions to other than Complying Fund <b>1 April to 31 March</b>	\$ .....
Total net <i>Commission</i> Contributions to Complying Fund <b>1 April to 31 March</b>	\$ .....
Total <i>Voluntary</i> Contributions <b>1 April to 31 March</b>	\$ .....
Date Member Ceased Employment	...../...../.....
Current Annual Salary (for superannuation purposes)	\$ .....
Effective Date Joined Fire Service Employment	...../...../.....
Current Member Contribution Rate (excluding voluntary contributions)	.....%

I certify on behalf of the New Zealand Fire Service that the above answers on this page are true and correct to the best of my knowledge.

Signed ..... Date .....

**PART 3: DISCHARGE (TO BE COMPLETED BY THE TRUSTEES)**

We, the undersigned being the Scheme Trustees or Authorised Persons, hereby authorise and request Mercer (NZ) Ltd to pay the Member the amount of his/her benefit as based on the above information.

Dated this ..... day of ..... of the year 20 .....

Trustee ..... Trustee .....