

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 Date of birth

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. 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.

