

NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME

WITHDRAWAL REQUEST FORM (Deferred Members only)

I hereby apply to: take a withdrawal from my accumulation as set out below
 take a withdrawal, leaving \$ 2 000, and remain a member
 take a full withdrawal and exit the scheme **(please tick one box)**

Deferred member number:

Amount of withdrawal:

Amount of withdrawal in words:

Bank account number
for credit of withdrawal:

Please attach an encoded bank deposit slip to this Withdrawal request.

Date bank account to be credited:

(A minimum of five working days from the receipt of this request form by the scheme Administrator is required to action your withdrawal.)

Full name:

Date of birth

Address:

Contact phone number:

Signed _____ Date _____

*FORWARD THIS FORM TO: Mercer (NZ) Ltd, PO Box 1849, WELLINGTON 6140
or fax the form to 0-4-914 0434*