

Title (Mr) (Mrs) (Ms) (Miss)	Date of Birth dd/mm/yyyy
Surname	First Names
Home Address	Postcode
Postal Address (if different from above)	Postcode
Email Address	
Telephone []	Member number
Date of withdrawal	Your IRD number

TYPE OF BENEFIT

Retirement <input type="checkbox"/>	Death <input type="checkbox"/>	Resignation <input type="checkbox"/>	Redundancy <input type="checkbox"/>	Hardship <input type="checkbox"/>	Transfer to another provider <input type="checkbox"/>
Date you left your employer				Amount requested \$	

Have your Employer complete and sign this section (if you are a Voluntary member see the section below).

BENEFIT APPROVED BY EMPLOYER		
Name of Employer:		
Final Contribution Details		
Date last contribution remitted	for the period ended	
Contribution deducted but not yet remitted	Member \$	Employer \$
Benefit Type – please choose one:		
<input type="checkbox"/> Standard	i.e. as provided by the rules of the Trust Deed	
<input type="checkbox"/> Discretionary	i.e. if the Employer has approved any other benefit as a variation of the Standard benefit allowed under the rules of the Trust Deed please specify e.g.	
<input type="checkbox"/>	Maximum allowed	
<input type="checkbox"/>	% of difference between standard and minimum	
<input type="checkbox"/>	Other	
Authorised Officers of Employer		
	Name	Signature
		Title

COMPLETE THIS SECTION IF YOU ARE A VOLUNTARY MEMBER.

FINAL CONTRIBUTION DETAILS (If applicable)	
Date last contribution remitted	Amount \$

CHEQUE OR DIRECT CREDIT DETAILS (Please attach copy of Bank Deposit Slip)

Cheque to be in favour of	
Account Number	Other instructions
Dated this	day of 20

Member's signature _____ Date _____

Further authorisation signatories are required overleaf...

PRIVACY STATEMENT

I hereby authorise the Trustee of the Scheme and any Administration Manager to provide and disclose to any person information held by the Trustee about me for any reasonable purpose relating to the operation, administration and investment of the Scheme and the payment of benefits therefrom.

In addition you will need to supply certified copies of:

- your passport or some other form of suitable photo identification, and if available
- a current utilities bill listed in your name, eg power or phone bill

ACKNOWLEDGEMENTS AND STATUTORY DECLARATION

- I have read and understood the Privacy statement section of this form.
- I understand that my withdrawal value will be based upon the unit price(s) at the date my request is processed.
- I agree that by withdrawing from the SuperEasy Scheme I am ending my membership and release all claims that have been made or may be made on the Trustee in relation to the scheme.
- I solemnly and sincerely declare that the information I have provided in this Application Form is true and correct.
- And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the New Zealand Oaths and Declarations Act 1957.

Full Name	
Address	
Occupation	
Signature	Date
Declared at	

Before me (JP, Solicitor, notary public, or person authorised to take a statutory declaration):

Full Name	
Address	
Occupation	
Signature	Date

Please return the completed form to: Civic Financial Services Ltd
PO Box 5521
Wellington 6140
New Zealand

Accepted

Date

for and on behalf of the Trustees