Discharge of registered charge form

For Mercer to complete

☐ Mr ☐ Mrs ☐ Miss ☐ Ms _____ SURNAME _____ GIVEN NAMES

Date of birth _____ PSS membership number _____

Total benefit payable to member $ _____

Total account balance $ _____

Is payment for a first-home withdrawal? (choose one): ☐ Yes ☐ No Settlement date _____

Is payment for an age 65 withdrawal? (choose one): ☐ Yes ☐ No

On payment, the member will (choose one): ☐ cease to be a member of the scheme ☐ remain a member of the scheme.

Signature _____ Date _____

For the chargeholder to complete

This section is only to be completed where the charge held over the member's contributions has not already been discharged and where the chargeholder still holds an interest in the member's benefit. If the charge has already been discharged, the chargeholder should notify Mercer in writing and return this form uncompleted.

First-home withdrawals

Amount chargeholder requires to be retained in the scheme $ _____

Where the member is remaining in the scheme, we confirm that the above amount is to be retained in the member's account as security against their loan.

Other withdrawals

Amount payable to chargeholder $ _____

Please pay this amount from the total benefit payable into the following bank account.

BANK	BRANCH	ACCOUNT	SUFFIX

Where the member is remaining in the scheme (see above), we confirm that, upon receipt of this payment, the charge held over this member's contributions (choose one):

☐ will be fully discharged ☐ will not be fully discharged.

Signature _____ Date _____

Please forward this form to the member if an amount is to be withheld.

For the member to complete

I hereby authorise the trustee of the Police Superannuation Scheme to release any benefits due to me under the scheme in the following manner:

1. Firstly in payment of the amount due to the chargeholder (if any), as indicated above.
2. The balance (if any) of the benefit after the payment in 1. above to be paid in the manner indicated on the form I completed in respect of my request for payment of this benefit.

Privacy statement

Privacy statement information in this form and any requested documents are being collected to enable administration of this account. The Privacy Act 2020 entitles the account holder to access and to request correction of any personal information. Please refer to the PSS privacy policy for further information.

I acknowledge that I have read the privacy information included above.

Signature _____ MEMBER Date _____

Return the completed form to:

Police Superannuation Scheme, c/o Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140, or scan and email it to psscheme@mercer.com