



# Notice of charge (other lenders)

Use this form if you are borrowing from a lender other than the Police and Families Credit Union (PFCU)

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## For the member to complete

PSS membership number \_\_\_\_\_ QID \_\_\_\_\_

Mr Mrs Miss Ms \_\_\_\_\_  
SURNAME GIVEN NAMES

Station postal address \_\_\_\_\_

1. A chargeholder making a claim against your benefits is only entitled to receive payment when a benefit becomes due to you from the scheme e.g. leaving service and partial withdrawals, but excluding first-home withdrawals.
2. Should a first-home withdrawal benefit become payable to you, the amount of this benefit will not include any amounts secured to a chargeholder. The amounts secured against the charges will remain in the scheme until another benefit becomes due to you from the scheme.
3. Should such a benefit become payable to you, Mercer, the scheme's administration manager, will contact the chargeholder and the trustee in the first instance. The chargeholder may elect to:
  - release the charge without receiving payment, or
  - receive the lesser of the amount of your benefit payable from the scheme or the amount secured against the charges.

Proposed lending institution \_\_\_\_\_  
THE CHARGEHOLDER - OTHER THAN THE PFCU

Chargeholder's address \_\_\_\_\_

I confirm that the above-named holds a charge over any benefit payable to me or in respect of me from the scheme with effect from the date of signing of this document. On registration of this charge, I understand the registered charge fee will be deducted from my member's account in the scheme (see [policessuper.co.nz](http://policessuper.co.nz) for amount of current charge fee).

I ask the trustee of the Police Superannuation Scheme to provide me with the information detailed below, under the heading 'For Mercer to complete'.

I understand that, should I choose to grant a charge over my accrued benefits in the scheme and should a benefit become payable to me from the scheme, the chargeholder will be granted preference of payment over me to the extent of the amount I owe to the chargeholder. I acknowledge that I may only place one charge against my benefits in the scheme. I authorise all agencies lawfully concerned with the placement of a charge over my benefits in the scheme to collect from any person and to use and disclose to each other such personal information held or collected by them concerning me as is required for the administration of the charge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Member to send this form to the chargeholder to complete the following section**

## For the chargeholder to complete

Name of chargeholder contact person \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

We confirm that we wish to register a charge over the contributions of the member as detailed in this form.

Signed on behalf of the chargeholder \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

### Return the completed form to:

Police Superannuation Scheme, c/o Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140, fax the form to (04) 819 2699 or email it to [psscheme@mercer.com](mailto:psscheme@mercer.com).

## For Mercer to complete

Date last contribution received \_\_\_\_\_

Member account balance \$ \_\_\_\_\_

and resignation benefit \$ \_\_\_\_\_

at date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_