Retained member withdrawal form

Only use this form if you have left service but continue to invest your savings in the scheme

All members must complete **Part A** and **Part D.** Then complete **Part B** or **Part C** according to your requirements.

Part A Complete your personal details

PSS membership number _____ QID _____

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

Private postal address _____

Daytime contact number/mobile _____

IRD number[1] _____

[1] Inland Revenue requires us to hold IRD numbers for all members. Note your IRD number here if you haven't provided it to us before.

Part B Partial or total withdrawal (choose one)

☐ I am requesting to withdraw a portion of my account balances – $ _____ or _____%.

☐ I am requesting to withdraw 100% of my account balances. I understand this withdrawal will terminate my scheme membership.

The minimum amount you can withdraw on any one occasion is $5,000.

The minimum residual balance after making a withdrawal must be at least $5,000.

If you have a loan from a lending institution with a registered charge, they may require this loan to be repaid from the amount you request to withdraw.

A benefit payment fee will be deducted from your employer's account (or member's account if you do not have an employer's account) for each benefit payment made.[2]

Part C Regular withdrawals

☐ I wish to make a regular withdrawal of $ _____ per month.

I understand that:

- payment will be made by direct credit to my nominated bank account on the 20th of each month (or the next business day)
- no benefit payment fee will be charged
- administration fees will continue to be deducted from my account[2]
- if a withdrawal reduces my PSS account balance to less than $1,000, my remaining account balance will be paid to me and my membership of PSS will cease. At that time, a benefit payment fee will apply.

Part D Payment details (choose one)

☐ Transfer to my bank account. BANK | BRANCH | ACCOUNT | SUFFIX

☐ Transfer to my Police and Families Credit Union account (partial and total withdrawals only).

0 3	1 7 9 6		
BANK	BRANCH	ACCOUNT	SUFFIX

Attach evidence showing your account name and number. We can only pay benefits into a bank or Police and Families Credit Union account in your name. That excludes family trust accounts, business accounts and accounts in someone else's name. For us to process your payment, you must attach evidence showing your account name and number such as an encoded deposit slip, verification from your bank, a photocopy of the top of a bank statement or a screenshot from your internet banking. If evidence has already been provided for a previous withdrawal, you don't need to provide it again.

I ask the trustee of the Police Superannuation Scheme to pay a withdrawal as indicated above. I understand that the payment of this benefit is subject to such terms and conditions as the trustee may at its discretion determine under the terms of the scheme trust deed and rules. Details of the current terms and conditions are set out in the product disclosure statement, which can be found at policesuper.co.nz and disclose-register.companiesoffice.govt.nz. Please arrange for my benefit to be paid as indicated above.

Signature _____ Date _____

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.

[2] See policesuper.co.nz for the current fee.