

For Mercer to complete

Mr Mrs Miss Ms _____
SURNAME GIVEN NAMES _____

Date of birth _____

PSS membership number _____

Total benefit payable to member \$ _____

Is payment for a first-home withdrawal? (choose one):

Yes Settlement date _____
 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.

[][]	[][][][]	[][][][][][][][][]	[][][]
<small>BANK</small>	<small>BRANCH</small>	<small>ACCOUNT</small>	<small>SUFFIX</small>

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.

Signature _____ Date _____
MEMBER

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.