



Retained member withdrawal form

Page 2 of 2

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.

I acknowledge that I have read the privacy information included 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 policiesuper.co.nz for the current fee.