



New Zealand Post Superannuation Plan

Deferred benefit withdrawal form

Use this form to withdraw funds from your voluntary account if you are a deferred member. It may take up to 10 working days to process your application. The following conditions apply depending on your age.

Under 65*

You can withdraw your money at any time, but if you do, you need to withdraw your full balance and close your account.

65 or over*

You can make a partial withdrawal of up to 10% of the balance of your account once each year (the year starts from the date your first partial withdrawal was approved – call the helpline if you're not sure).

* Based on qualifying age for New Zealand Superannuation and so subject to change.

Step 1: Complete your personal details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
First names					
Membership number	Date of birth DD MM YYYY				
Postal address					
Email					
Daytime phone or mobile			Best time to call		

Step 2: Let us know the details of the withdrawal

Tick one

- I would like to withdraw the full balance of my deferred benefit (voluntary) account and understand this means my membership of the Plan will cease.
- I would like to make a partial withdrawal of \$ _____ or _____ % of my total account balance. I understand that:
- I must be aged 65 or over to choose this option
 - I can only withdraw up to 10% of the balance of my account (sign in to your account at www.superplan.co.nz or call the helpline to find out your account balance)
 - I can only make one partial withdrawal each year (the year starts from the date your first partial withdrawal was approved).

Bank account information

Payments can be made to a New Zealand bank account in your name. Payments will not be made to business accounts, family trust accounts or accounts of another person.

I confirm that I have provided a pre-printed bank encoded deposit slip or printed bank statement.

Step 3: Sign and date the form

Your signature	Date DD MM YYYY
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Return the completed form to FreePost 165572
New Zealand Post Superannuation Plan
c/o Mercer
PO Box 1849
Wellington 6140

Call 0800 NZP SAVE (0800 697 728 – choose option 1)
if you have a question about this form or your savings
in the Plan.

Alternatively, you can fax this form to (04) 819 2699 or scan and email it to nzpostsuper@mercer.com