Use this form to apply for an in-service withdrawal. This option is only available to contributing members who are aged 65\* or over. (Use the *Deferred benefit withdrawal form* if you're a deferred member and you want to make a partial or total withdrawal.)

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

## About the in-service withdrawal

This benefit aims to help members maintain wellbeing and a sustainable financial position from age 65\*. It's not an automatic benefit, and we must approve it. If we do, you can withdraw up to 10% of your standard accounts (different rules apply to withdrawals from CSF accounts). You can only make one withdrawal a year, and you must reapply each time (the year starts from the date your first in-service withdrawal was approved).

You need to have a specific and valid reason for withdrawing funds. Remember, it needs to be something that will improve your financial and general wellbeing. This might be (but is not limited to):

- topping up your income due to a change in employment arrangements
- retraining for a new career
- proactive health and wellbeing expenditure to help keep you at work.

On the other hand, we are unlikely to support applications to meet:

- the cost of funding other investments (such as starting a business)
- lifestyle expenditure (such as paying for a holiday)
- expenses for other family members (such as paying towards a grandchild's education)
- funeral expenses (although you may qualify for a hardship grant).

## Step 1: Complete your personal details

First names		
Employee number	Date of birth D D M M Y Y Y Y	
Postal address		
	Email	
Daytime phone or mobile	Best time to call	
New Zealand Superannuation fortnightly payment \$_		
Step 2: Let us know the details of the withdrav	val	
Step 2: Let us know the details of the withdraw Please tick	val	
Please tick  I would like to make an in-service withdrawal of \$  I must be aged 65 or over to choose this option	or% of my total account balance. I unde	

## Step 3: Tell us the reason for the withdrawal Include evidence such as quotes, evidence of course enrolment and/or medical certificates. **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. I authorise New Zealand Post to provide employment details to the Plan relevant to my application such as evidence of reduced hours, change in pay or lump-sum payments received from Post. Date DD MM YYYY Your signature Call 0800 NZP SAVE (0800 697 728 - choose option 2) Return the completed form to FreePost 165572 New Zealand Post Superannuation Plan if you're not sure what information to provide or you c/o Mercer would like to discuss your application before you PO Box 1849 submit this form. Wellington 6140 Alternatively, you can fax this form to (04) 819 2699 or scan and email it to nzpostsuper@mercer.com