

# New Zealand Post Superannuation Plan

## Suspend/restart contributions form

Please complete this form if you would like to suspend (or renew the suspension of) all your contributions to the Plan. You can also use it to let us know if you would like to restart contributions. Fill out the 'Alter contributions' form if you are a member of both the standard and locked sections of the Plan and want to suspend just one type of contribution.

If you suspend contributions, all your account balances will remain invested in the Plan. Call us on **0800 NZPSAVE (0800 697 728 – choose option 1)** if you have any questions about this form.

### 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:					
Employee number:		Date of birth:	DD / MM / YYYY		
Postal address:				Postcode:	
Daytime phone/mobile:	(    )	Email:			

### Step 2: Complete this step if you wish to suspend (or renew suspending) your contributions

This will suspend (or renew the suspension of) all contributions, including any voluntary contributions and contributions to the locked section of the Plan.

#### Tell us what you'd like to do

Suspend (or renew the suspension of) my contributions to the Plan on DD / MM / YYYY, and Restart my contributions to the Plan on DD / MM / YYYY (maximum suspension period is 1 year)
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#### Notes:

- 1) If you suspend your contributions then your employer's contributions will also be suspended during the suspension period.
- 2) Your contributions will restart automatically after 1 year if you don't provide an earlier restart date.
- 3) When your contributions restart, they will resume being paid at the pre-suspension salary percentage unless you also complete and return the 'Alter contributions' form.

If you are suffering financial hardship directly as a result of COVID-19, you may be able to suspend your contributions and continue to receive employer contributions for three months.

#### My reason for suspension is: *(tick as appropriate)*

<input type="checkbox"/> Parental leave	<input type="checkbox"/> Sick leave (without pay)
<input type="checkbox"/> Special leave (without pay)	<input type="checkbox"/> Financial hardship due to Covid-19
<input type="checkbox"/> Other (please specify):	

Please explain your circumstances if you are seeking to suspend contributions as a result of financial hardship due to Covid-19.

**Step 3: Complete this step if you wish to restart your contributions earlier than advised previously**

Please restart all my contributions to the Plan on DD / MM / YYYY

**Note:** When your contributions restart, they will resume being paid at the pre-suspension salary percentage unless you also complete and return the 'Alter contributions' form.

**Step 4: Sign and date the form**

Your signature: \_\_\_\_\_

Date: DD / MM / YYYY

Please return this form to payroll. Scan and email it to [payroll@nzpost.co.nz](mailto:payroll@nzpost.co.nz) or post it to Payroll, Employee Information Services, New Zealand Post, Private Bag 39990, Wellington Mail Centre, Lower Hutt 5045

Office use only – payroll to complete

**For members suspending contributions**

Please make sure the member has:

- Filled in their full name, postal address and employee number
- Specified a reason for suspending contributions (this helps us assess the changing needs of our members)
- Signed and dated the form.

**For members restarting contributions**

Please make sure the member has:

- Filled in their full name, postal address and employee number
- Indicated clearly that they wish to restart contributions
- Signed and dated the form.

Employee Number  
(Confirmation)

The effective date for the suspension (or renewed suspension) of the member's contributions is DD / MM / YYYY

The member's contributions are being restarted on effective date: DD / MM / YYYY

Completed by:

Checked by:

Signature:

Signature:

Date: DD / MM / YYYY

Date: DD / MM / YYYY

**Original sent to:** New Zealand Post Super Plan, C/- Mercer, PO Box 1849, Wellington 6140. Alternatively, you can fax this form to (04) 819 2699 or scan and email it to [nzpostsuper@mercerc.com](mailto:nzpostsuper@mercerc.com)