



NZ Post Superannuation Plan CSF retirement withdrawal statutory declaration

If you are leaving NZ Post, you need to complete a *leaving form* in order to claim your benefit. You also need to complete a statutory declaration if you are a member of the CSF (locked) section and eligible to withdraw your savings from that section of the Plan. You need to be 65 years of age or older to be eligible to make a withdrawal.

Call **0800 NZP SAVE (0800 697 728 – choose option 1)** if you need help completing this application 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 or mobile:	()	Email ¹ (Optional):	
IRD number:		PIR ² :	<input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28% (please tick one)

Note: If any of the tax payment details differ from what we currently have on record, they will be updated based on the new information provided, before processing this transaction.

¹ By providing this, you agree to the NZ Post Superannuation Plan sending you information about your savings (including annual reports) electronically. You may opt out at any time.

² Prescribed Investor Rate

Step 2: Complete this statutory declaration

You need to complete this statutory declaration before you can withdraw or transfer funds from your CSF account. The declaration must be completed before:

- A person enrolled as a barrister or solicitor of the High Court
- A Justice of the Peace
- A notary public
- A Registrar or Deputy Registrar of the Supreme Court, High Court, a District Court or Court of Appeal, or
- Another person authorised to take statutory declarations.

The name, position and telephone number of the certifier must be clearly noted.

Please tick the statement that applies (you must complete this section before obtaining the statutory declaration below):

<input type="checkbox"/> During my CSF membership, my principal place of residence was New Zealand. (Your principal place of residence is the place you usually live.)
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OR

<input type="checkbox"/> During my CSF membership, there were periods when my principal place of residence was outside New Zealand.	
Specify, to the best of your knowledge, the periods during your CSF membership when your principal place of residence was New Zealand:	

Statutory declaration

Employee number:			
I,			
	<i>Full name of person making declaration</i>		
of			
	<i>Address</i>		
	Solemnly and sincerely declare that: I have accurately reflected the dates during which I have had my principal place of residence in New Zealand above. AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths and Declarations Act 1957.		
Signature:		(of the person making the declaration)	
Declared at:			
this		day of	20
Before me	<i>(signature, name, occupation and address of the person in front of whom the declaration is made)</i>		
Full name:			
Address:			
Occupation:		Phone number:	()

Note:

- We are unable to process your withdrawal application until we have received all the required forms and confirmed you are eligible to make a retirement withdrawal. Once this happens, your withdrawal may take up to two weeks to process.

Privacy statement

The information in this form and any required supporting documentation is being collected so a decision can be made regarding your withdrawal request. NZ Post Trustees Limited (as trustee of the Plan), NZ Post and its associated companies and Mercer (N.Z.) Ltd have access to this information. Access is subject to strict security arrangements, and the NZ Post Superannuation Plan and other parties noted above will comply with the Privacy Act 2020 when dealing with this information.

Step 3: Sign and date this form

- I have read the privacy statement (above).
- I understand that should the information given in this form be incomplete or incorrect, the NZ Post Superannuation Plan will not be able to complete its assessment of this application without receiving complete and correct information. I verify that the information in this form is true and correct.
- I consent to the use of the personal information provided in this form by the NZ Post Superannuation Plan, NZ Post and its associated companies and Mercer (N.Z.) Ltd so that they can assess this application for a withdrawal from the CSF section of the NZ Post Superannuation Plan. I understand that I may ask to access and correct my personal information.
- I understand that where my principal place of residence is not New Zealand, I am not entitled to government contributions during that period. Any government contribution entitlement that the NZ Post Superannuation Plan has claimed on my behalf during that period will be deducted from my withdrawal amount and returned to the Commissioner of Inland Revenue.
- I understand that, on withdrawing my total CSF section account balance, my account will be closed and I will be ineligible to open a CSF account in future.

Your signature: _____

Date: DD / MM / YYYY

Return the completed form to:

Freepost 165572
NZ Post Superannuation Plan
C/- Mercer
PO Box 1849
Wellington 6140

Alternatively, you can scan and email it to nzpostsuper@mercer.com

Remember, you also need to complete and return a leaving form.