

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  Mr  Mrs  Miss  Ms Surname \_\_\_\_\_

First names \_\_\_\_\_

Membership number \_\_\_\_\_ Date of birth   D  D  M  M  Y  Y  Y  Y  

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](http://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   D  D  M  M  Y  Y  Y  Y  

Please return this form to FreePost 165572  
NZ Post Superannuation Plan  
c/o Mercer  
PO Box 1849  
Wellington 6140

**Alternatively**, you can scan and email the form to  
[nzpostsuper@mercer.com](mailto:nzpostsuper@mercer.com)

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