

New Zealand Post Superannuation Plan

CSF partial withdrawal form

Use this form to make a full or partial withdrawal from your CSF account.

Can you make a withdrawal?

You need to be 65 years of age or older to be eligible to make a withdrawal. You can withdraw the full balance of your CSF account or make a partial withdrawal. You can make a partial withdrawal once each year – on the anniversary of the date you make your first withdrawal.

You cannot withdraw any savings you have in the standard section of the Plan while you are still working at Post.

Call **0800 NZP SAVE (0800 697 728 – choose option 1)** if you need help completing this application form.

Step one: 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.

Step two: Let us know the details of the withdrawal/transfer

Subject to the requirements of the trust deed for the CSF section, I request (please tick one):

<input type="checkbox"/> A partial withdrawal of \$ _____
<input type="checkbox"/> A withdrawal of my full balance

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.

¹ By providing this, you agree to the New Zealand 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 three: Complete this statutory declaration

You need to complete this statutory declaration before you can withdraw funds from your CSF account. You only need to complete it the first time you make a CSF account withdrawal.

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:	
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Statutory Declaration

Employee number:			
I,			
	<i>Full name of person making declaration</i>		
of			
	<i>Address</i>		
	<p>Solemnly and sincerely declare that:</p> <p>I have accurately reflected the dates during which I have had my principal place of residence in New Zealand above.</p> <p>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.</p>		
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:	()

Notes:

- 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.
- When you reach age 65, you are no longer eligible for government contributions. Additional employer contributions are at the discretion of your employer.

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. The New Zealand Post Superannuation Plan, New Zealand Post and its associated companies and Mercer (NZ) Ltd have access to this information. Access is subject to strict security arrangements, and the New Zealand Post Superannuation Plan and other parties noted above will comply with the Privacy Act 2020 when dealing with this information.

Step four: Sign and date this form

- I have read the privacy statement (above).
- I understand that should the information given in this *CSF partial withdrawal form* be incomplete or incorrect, the New Zealand 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 New Zealand Post Superannuation Plan, New Zealand Post and its associated companies and Mercer (NZ) Ltd so that they can assess this application for a withdrawal from the CSF section of the New Zealand 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 New Zealand 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.

Your signature: _____

Date: DD / MM / YYYY

Return the completed form to:

Freepost 165572
 New Zealand Post Superannuation 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@mercer.com