

New Zealand Post Superannuation Plan

CSF transfer form

Use this form if you want to continue to save with the standard section of the Plan but wish to:

- transfer the balance of your CSF¹ account to another complying superannuation fund or a KiwiSaver scheme.

Fill in an *Leaving form* if you want to withdraw from both sections of the Plan.

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 ² (Optional):			

Step two: Let us know the details of the transfer

Subject to the requirements of the trust deed for the CSF section, I request the transfer of the **full balance** of my CSF account to:

Name of KiwiSaver scheme or complying super fund:					
Provided by:					
Member reference number:					

Please fill in the following or attach a business card.

Provider contact name:					
Phone (DDI):			Email:		
Postal address:				Postcode:	

Bank account details

Payment must be made to direct to the provider of your new scheme/fund.

I confirm that I have provided a pre-printed bank encoded deposit slip or printed bank statement.

Step three: Sign and date this form

- I understand that should the information given in this CSF transfer 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.

¹ Complying Superannuation Fund. The CSF section is also known as the locked section of the Plan.

² 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.

- I consent to the use of the personal information provided in this CSF transfer 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 transfer 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, on transferring my total CSF section account balance, my account will be closed and I will be ineligible to open a CSF account in the future. This does not affect my membership of the standard section of the Plan.

Your signature: _____

Date: DD / MM / YYYY

Return the completed form to Payroll. You can scan and email it to 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

Total complying contributions for the Plan year to date:

Member CSF account:	\$
Employer CSF account:	\$
Total:	\$

Date final complying contributions remitted to Mercer: DD / MM / YYYY

Prepared by (name and number): _____

Checked by (name and number): _____

Payroll to send 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