



The Seafarers Retirement Fund

MEMBERS DISCHARGE FORM

To : David Scott
Secretary to Trustees
Seafarers Retirement Fund
87 Simla Cres. Khandallah
Wellington
Email: davidscott@paradise.net.nz

PART A – MEMBER TO COMPLETE

I wish to apply to have my account in the Seafarers Retirement Fund paid over to me, my details are:

Name of Member _____
Surname Christian Name/s
Union Number _____ Employer _____
Member's Address _____
Phone Number _____
Bank Account Number _____

Deposit slip attached

REASON for leaving: Tick appropriate box:

- UNCLAIMED
- DISABLEMENT
- RESIGNATION
- ACCOUNT BAL
- REDUNDANCY
- RETIREMENT

Date of Entry into Plan _____

Signed by Member _____ Date _____

PART B – UNION TO COMPLETE (To Be Completed by the Union Administrator)

Date of Clearance from Union _____

Signed By Union _____

PART C – TRUSTEES TO COMPLETE

The amount to be paid to the member includes their entitlement to the employer's portion of:

%

We, the undersigned being the Fund Trustees, as specified in the Trust Deed, HEREBY AUTHORISE AND REQUEST Aon New Zealand Limited to arrange disbursement of the member's benefit as specified above:

Dated at Wellington this _____ day of _____ 200_____

Trustee _____ Trustee _____