



David Scott
 Secretary to Trustees, SRF
 87 Simla Cres
 Khandallah
WELLINGTON 6035

I apply for part payment of my accumulated benefit under the **Benefit Payments while Member provisions** of the Trust Deed – Clause 4.1 of the Schedule to Part 3. I note that I must have been a member of the Fund for at least 15 years to qualify and payment is subject to six months notice after your application for payment is lodged:

Name _____

Union Number _____

Address and Phone Number _____

Date Joined Fund _____

The Maximum Benefit Payable is 50% of Leaving Benefit – Secretary to complete.

	Employee's Account	Employer's Account	TOTAL
Members Account as at 01/04/2009	\$	\$	\$
Leaving Benefits As at 1 April 2009	\$	\$	\$
Amount entitled to is 50% of Leaving Benefit which is	\$	\$	\$
The member requests to uplift	XXXXXXXXXX	XXXXXXXXXX	\$

Date of Payment _____

Amount Applied for _____

Method of Payment **BANK ACCOUNT**

Bank Name and Account Number (Please attach a deposit slip)

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(Bank, Branch)

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(Account Number)

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(Suffix)

SIGNED _____ DATE _____

Trustee _____ Trustee _____