

Seafarers Retirement Fund & SRF KiwiSaver
Discharge/Benefit Request Form

(You may only withdraw from the SRF if you have left
the seafaring industry and resigned from the Union)

Attach your
completed
bank deposit
slip here



To: David Scott
Secretary to Trustees
Seafarers Retirement Fund
87 Simla Cres, Khandallah
Wellington 6035

Telephone: 027 595 9466

Email: davidscott@paradise.net.nz

Section A – Your Personal Details (for completion by Member)

NAME:
(PLEASE USE BLOCK LETTERS)

POSTAL ADDRESS:
.....

DAYTIME PHONE NO: CELLPHONE NO:

EMAIL

DATE OF BIRTH UNION NO.

Please **ATTACH COMPLETED BANK DEPOSIT SLIP**

Note: Your KiwiSaver benefit (if any) will be transferred to another KiwiSaver scheme unless you have reached your End Payment Date (later of age 65 or 5 years KiwiSaver scheme membership) or you are eligible to receive a permitted early withdrawal (see investment statement for more details).

Date of leaving:

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Ill Health | <input type="checkbox"/> Unclaimed Benefit |
| <input type="checkbox"/> Death | <input type="checkbox"/> Retirement | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Disablement | |

Withdrawal of KiwiSaver Balance ONLY

- | | |
|---|--|
| <input type="checkbox"/> End Payment Date | <input type="checkbox"/> Significant Financial Hardship/Serious Illness [†] |
| <input type="checkbox"/> Permanent Emigration | <input type="checkbox"/> Act of Parliament (e.g. property relationship settlement) |
| <input type="checkbox"/> Transfer to another KiwiSaver Scheme |
(Full name of Scheme) |

Please tick this box if you require Aon's assistance with selecting another KiwiSaver scheme.

[†] You **MUST** also complete a **Financial Hardship Application/Serious Illness Application Form**.

Signature: **Date:**

Section B – Union Clearance (for completion by Union Administrator)

Date of Clearance from Union: _____	Signed by Union Administrator: _____
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Section D – Trustees' Authorisation (for completion by the Trustees)

The Member's entitlement in the SRF to the Employer's Account is: %

On behalf of the Trustees of the SRF and SRF KiwiSaver we authorise Aon New Zealand to arrange the disbursement of the Member's benefit(s) as specified above.

Dated at Wellington on: _____

Trustee: _____ Trustee: _____