

# LEAVING SERVICE BENEFIT PAYMENT REQUEST

### Please read this section before you start completing this form.

The Trustee will only authorise payment of your leaving service benefit if it is satisfied that you are leaving the teaching service in New Zealand.

Member to complete Steps 1 to 5 (please use BLOCK letters).

Step 1. Complete your personal details	5
Mr Mrs Ms Miss Other (please	specify)
Surname/family name	Given name(s)
Home/private address:	
Number Street Name	
Suburb Cit	ty Postcode
Work Phone	Home Phone
Mobile	 Email*
	EITIAII
MoE number	Date of birth
School employed at	School number
* Lacknowledge that by providing my email address. La	m consenting to receiving information about the Scheme (including the
annual report) electronically. Should I not wish to receive	e such information electronically, or should my email address change, I
undertake to advise Mercer (N.Z.) Limited, the Scheme?	s administration manager.

Continued

<b>Step 2.</b> Criteria under which you are requesting a benefit (please tick and complete as applicable)
A. I am permanently leaving the teaching service in New Zealand
B. Last day of permanent service:
Last day of permanent service//
I hereby confirm that I ceased employment either permanently or for a fixed term of 2 or more consecutive school terms' duration as a teacher or principal at any state or state integrated primary, intermediate, secondary or special school in New Zealand.
Withdrawal options:
1. I do not wish to withdraw any of my account balances in my name at this time.
OR
I am under 50 years of age and I have ceased employment as a teacher or principal at any state or state integrated primary, intermediate, secondary or special school in New Zealand, by reason of <b>disability</b> , <b>ill-health</b> or <b>redundancy</b> (as certified by the Secretary for Education). I wish to apply to the Trustee for a withdrawal of the following amounts:
Partial withdrawal amount \$\frac{\$}{} from the total balance (including Employer Account) available to me (minimum \$500)
or
Full withdrawal of my Scheme balance (including Employer Account) and also wish to close my account.
Important: To be eligible for this benefit you must attach either a sworn (Justice of the Peace or Notary Public) declaration or a letter from your school management confirming that your disability, ill health or redundancy is the legitimate reason for your leaving the teaching service. In the case of medical reasons, a copy of the relevant medical certificate is also required.
OR
3. I am 50 years of age or over and elect to withdraw the following amount/s:
Partial withdrawal amount \$\frac{\\$}{} from the total balance (including Employer Account) available to me (minimum \$500)
or
Full withdrawal of my Scheme balance (including Employer Account) and also wish to close my account.
Important: To be eligible for any benefit from your Employer Account, the Secretary for Education must certify that you have ceased employment either permanently or for a fixed term of 2 or more consecutive school terms' duration as a teacher or principal at any state or a state integrated primary, intermediate, secondary or special school in New Zealand. You must also certify that you are no longer employed as per Step 2 (B) and you are permanently leaving the teaching service in New Zealand as certified in Step 2 (A) above.
OR
I elect to transfer the following amounts to another registered superannuation scheme. I understand that the scheme to which I elect to transfer must be approved for that purpose by the Secretary for Education. The transfer must be paid directly from the Teachers Retirement Savings Scheme to the superannuation scheme to which I elect to transfer*.
I elect to transfer:
The full balances of all accounts held in my name, or
I elect to transfer the following specific amount \$ (minimum \$500)
*The funds within your Scheme account are classified as Unlocked (standard) funds since the Scheme is a non-complying fund. Please note, once your Unlocked funds are transferred, they will be classified as locked funds and under any limitations as per the KiwiSaver Act. That means, if you transfer your unlocked funds to another complying superannuation fund or KiwiSaver scheme, you generally won't be able to withdraw that money until you reach the age of eligibility for New Zealand Superannuation (currently age 65).

MoE number

Step 3. Complete your payment details	
Payment details (Please tick one and complete):	
Direct credit to my bank account. I have <b>attached</b> a bank-encoded of	deposit slip or copy of a bank statement print out;
DR	
Transfer to the following superannuation scheme	
Administrator's name and contact details	Telephone
Email	
Litian	
Postal address	Postcode
If you have elected to transfer an amount to another superannel directly to the nominated superannuation scheme.	
tep 4. Confirmation of your identity and resident you have confirmed your identity and address with Mercer previously an	
Copies of your documents can be certified by one of the following: Justice of the Peace, Solicitor, Notary Public or Member of Parliament. For a full list of certifiers and acceptable documents and how these can be certified please read Confirmation of Identity Guide available on www.teachersretire.org.nz website.	To the certifier: The certifier must view the original document(s) (not a fax, photocopy or scan) before writing their <b>Full Name, Occupation, Date</b> and <b>Signature</b> and make a statement to the effect that the document(s) provided are
Provided the control of the control	a true copy and represent the identity of the named individual.

MoE number

loE number		
Step 4. Confirmation of you	r identity and residential addı	ress (continued)
	ed with one of the identification options set ontact us to confirm this. We may need to r	
Option 1 – Electronic identity verificat	tion	
withdrawal request we will send you an S	s the ability to electronically verify your iden MS via our third party partner to biometrica martphone (with a front camera that is capa ng:	ally verify your identity. To complete this
New Zealand Passport		
OR		
New Zealand Drivers Licence		
If this method of identification is unsuccess	ssful you will be required to provide certified	I ID.
Option 2 – Certified copies of identity	documents and confirming your reside	ential address
Please provide a certified copy of your ide	entity documents. Refer below for information provide us with copies of documents cor	on on acceptable identity documents and
Preferred identification method – plea	se select one of the following options:	
Option 1 – I would like the administra	tion manager to electronically verify my ider	ntity
Option 2 – I would like to provide the	administration manager with certified copie	es of my identity documents
If you have selected Option 1 you do not	need to provide certified ID now.	
•	of current and valid documents. I way for us to verify your identity, please se	
options below. We are only able to accept certified). These documents must be pos 6140, New Zealand. If your name has characteristics.	of toriginal certified copies of certified ID (i.e. ted to us - our postal address is Mercer (N. anged please provide evidence of your naming overseas identity documents must also	the copy that has been physically Z.) Limited, PO Box 1849, Wellington ne change which links your previous and
A certified photocopy of ONE of:	B A certified photocopy of ONE of:	A certified photocopy of ONE of:
A New Zealand or an overseas passport; or	A New Zealand or an overseas driver's licence; or	A New Zealand or an overseas driver's licence
A New Zealand firearms licence; or	Kiwi Access Card (previously known as 18+ Card)	PLUS A certified photocopy of ONE of:
A New Zealand Certificate of Identity*; or	PLUS	A (Super) Gold Card; or
	A certified photocopy of ONE of:	A Community services card; or
A New Zealand Refugee travel document; or	A New Zealand or an overseas	
An emergency travel document; or	birth certificate; or	A bank account or a credit card statement issued by a New
An overseas government national identity card (appropriate pages	A New Zealand or an overseas citizenship certificate	Zealand registered bank in the 12 months preceding the date of the application; or
containing name, date of birth, photograph and signature)		A statement issued by Inland Revenue or another Government
		agency in the 12 months preceding the date of the application
* Please visit <b>passports.govt.nz</b> to read A Gold Card is NOT considered a type of		
7. Gold Gald is 1901 considered a type (	or a ryow Zoaiana Ochimoate Ul lucillity.	

#### Step 4. Confirmation of your identity and residential address (continued)



I certify this to be a true copy of the original document and confirm it represents the identity of Joe Smith.

Name: Jane Doe

Occupation: Justice of the Peace

Date: 18/04/2024

Signature:

## How to have your ID correctly certified

**Photocopy ID at 150%** so the details are legible. Please do not send in your physical identity documents e.g. passport, driver's licence, birth certificate etc.

Please note: Certification is valid for three months and must have been carried out within three months of this application. Your identity documents must be certified by one of the following people: Justice of the Peace, Registered Lawyer, Chartered Accountant, Registered Teacher, Registered Doctor, Police Officer, Notary Public, Registrar/Deputy Registrar.

#### Confirming your residential address

You need to provide us with either an original OR a non-certified photocopy of ONE of:				
A bank statement issued by a registered bank; or	A letter or statement issued by a Council (e.g. Rates or Valuation Notice); or	A hire purchase agreement; or		
A statement issued by a government agency (e.g. Statement from Inland Revenue, Electoral Office, Car registration document); or	A utility bill issued by a utility company (e.g. telephone company, electricity company or water provider); or	An insurance policy document; or  A rental tenancy agreement.		

Your name must appear on the document and the document must be dated within the last 12 months prior to you submitting your application. A document sent to a PO Box number can't be accepted unless it also shows your physical residential address, for example a rates invoice will show the postal address and the physical address of the property.

bE number			
Step 5. Sign the form			
Member's signature		Date	//
BEFORE YOU RETURN THIS FORM			
Have you checked you have completed the form of	correctly?		
Have you attached all required documents?			
Step 6. Return instructions			
Member to send the documents to Teachers PO Box 3049, Wellington 6140, or alternative Limited at nztrsserp@mercer.com.			
Step 7. Ministry of Education to comp	lete		
Contributions:	Basic	Voluntary	Employer (Net of Tax)
Total contributions from last 1 July to termination date:	\$	\$	\$
Date of final contributions///			
The member is <u>under the age of 50 years</u> and has of 2 or more consecutive school terms' duration in primary, intermediate, secondary or special school  OR  The member is <u>aged 50 years or over</u> and has perr of 2 or more consecutive school terms' duration in primary, intermediate, secondary or special school  AND	a teaching capacity in New Zealand, manently ceased en a teaching capacity	or as a principal at a	nny state or state integrated nanently or for a fixed term
The Secretary for Education has certified that the n or state integrated primary, intermediate or special			acher or principal at any state
Disability III health Redundancy			
Comments:			
I certify that the above-named member is eligible to rec	eive a benefit from		nent Plan as indicated above.
Signature	D- "	Date	
Name	Position		