

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

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other (please specify) <input type="text"/>
Surname/family name			Given names	
<input type="text"/>			<input type="text"/>	
Home/private address:				
Number		Street Name		
<input type="text"/>		<input type="text"/>		
Suburb		City		Postcode
<input type="text"/>		<input type="text"/>		<input type="text"/>
Work phone			Home phone	
<input type="text"/>			<input type="text"/>	
Mobile			E-mail*	
<input type="text"/>			<input type="text"/>	
MoE number			Date of birth	
<input type="text"/>			<input type="text"/>	
School employed at			School number	
<input type="text"/>			<input type="text"/>	

* I acknowledge that by providing my email address, I am consenting to receiving information about the Scheme (including the annual report) electronically. Should I not wish to receive such information electronically, or should my email address change, I undertake to advise Mercer (N.Z.) Limited, the Scheme's administration manager.

Continued

Step 2. 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:

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 **disability, ill-health or redundancy** (as certified by the Secretary for Education). I wish to apply to the Trustee for a withdrawal of the following amounts:

(min of \$500) \$ OR the full balance of my Basic Account, AND/OR

(min of \$500) \$ OR the full balance of my Employer Account.

The full balance of my Voluntary 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

I am 50 years of age or over and elect to withdraw the following amount/s:

The full balances of all accounts held in my name, OR

(min of \$500) \$ OR the full balance of my Voluntary Account, AND/OR

(min of \$500) \$ OR the full balance of my Basic Account, AND/OR

(min of \$500) \$ OR the full balance of my Employer 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.

AND/OR (Please note: You can request both a withdrawal of funds as above and a transfer of funds as follows if you wish.)

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

(min of \$500) \$ OR the full balance of my Voluntary Account, AND/OR

(min of \$500) \$ OR the full balance of my Basic Account, AND/OR

(min of \$500) \$ OR the full balance of my Employer Account.

Step 2. Criteria under which you are requesting a benefit (continued)**C. Payment details (Please tick one and complete):**

Direct credit to my bank account. I have **attached** a bank-encoded deposit slip or copy of a bank statement print out;

OR

Transfer to the following superannuation scheme

Administrator's name and contact details

Telephone

Address

Suburb

City

Postcode

If you have elected to transfer an amount to another superannuation scheme, the payment will be made directly to the nominated superannuation scheme.

D. 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.

Step 3. Confirmation of your identity and residential address

If you have not previously done so, you must provide confirmation of your identity and residential address. This information is required under the *Anti-Money Laundering and Countering Financing of Terrorism Act*. We cannot make any benefit payment until it has been received.

For details of what is required, including completing the *Confirmation of identity and residential address form (Form 11)*, refer to the *Confirmation of identity guide* in the *Documents & forms* section of the Scheme website, **www.teachersretire.org.nz**.

Please tick one :

I have previously provided confirmation of my identity and residential address;

OR

Attached are the completed *Confirmation of identity and residential address form* and copies of the required documents, certified where necessary.

Step 4. Sign the form

Member's signature

Date

 / /
**BEFORE YOU RETURN THIS FORM**

Have you attached, where required:

- A medical certificate?
- Encoded deposit slip or copy of bank statement?
- Documents confirming your identity and your address?

Step 5. Return instructions**Member to retain a copy of this form.**

Member to send the original to Teachers Retirement Savings Scheme, Ministry of Education, PO Box 3049, Wellington 6140.

Step 6. Ministry of Education to complete

Contributions: **Basic** **Voluntary** **Employer (Net of Tax)**

Total contributions from last 1 July to termination date: \$ \$ \$

Date of final contributions / /

Reason for benefit payment: *(please tick one or more as applicable)*

The member is under the age of 50 years and has permanently ceased employment either permanently or for a fixed term of 2 or more consecutive school terms' duration in a teaching capacity or as a principal at any state or state integrated primary, intermediate, secondary or special school in New Zealand,

OR

The member is aged 50 years or over and has permanently ceased employment either permanently or for a fixed term of 2 or more consecutive school terms' duration in a teaching capacity or as a principal at any state or state integrated primary, intermediate, secondary or special school in New Zealand,

AND

The Secretary for Education has certified that the member has ceased employment as a teacher or principal at any state or state integrated primary, intermediate or special school by reason of:

- Disability Ill health Redundancy

Comments:

I certify that the above-named member is eligible to receive a benefit from the Employee Retirement Plan as indicated above.

 Signature

Date / /

Name

Position