

# REGULAR WITHDRAWAL REQUEST

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

## Step 1. Complete your personal details

I hereby request the Trustee of the Employee Retirement Plan ("ERP") to pay my benefit under the terms of the Employer Agreement relating to the Teachers Retirement Savings Scheme ("Scheme") and the ERP Trust Deed as indicated below.

Mr  Mrs  Ms  Miss  Other (please specify)

Surname/family name

Given names

Home/private address:

Number Street Name

Suburb

City

Postcode




Work phone

Home phone

Mobile

E-mail\*

MoE number

Date of birth

 /  / 

School employed at

School number

\* 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.

## Step 2A. Complete this section to confirm your eligibility

**To make regular withdrawals you must meet one of these criteria.**

I am 55 years of age or over, but less than age 65 and have reduced my working hours to 30 hours per week or less\*;

**OR**

I am aged 65 or over.

**\*Important:** If you are under age 65, you must provide confirmation that you are employed for 30 or fewer hours per week and have reduced your working hours from full time. You must also attach a signed statement from the Ministry noting its understanding that your hours in paid employment with your employer will not increase.

## Step 2B. Complete this section to advise the amount of your regular withdrawal

I request a regular withdrawal of \$  to be paid as:

a monthly payment made on the 28th of each calendar month;

**OR**

a fortnightly payment made every second Wednesday.

(If a withdrawal results in your account balance falling below \$1,000, the full amount will be paid out and your account in the Scheme will be closed.)

**Step 2C. Complete your payment details**

- I confirm that I would like my regular payment to be credited to my bank account and attach a bank-encoded deposit slip or copy of a bank statement print out.

**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](http://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**

I understand that:

- I am only eligible to make regular withdrawals if I am aged 55 or over and working 30 hours or less per week, or have attained age 65.
- Should my account balance fall below \$1,000 the full amount of my benefit will be paid out and I will cease to be a member of the Scheme.
- A once-only establishment fee of \$75 will be deducted from my account.

I confirm that all the information I have provided in this form regarding my application is true and correct.



Member's signature

Date

  /   /    
**BEFORE YOU RETURN THIS FORM**

- Have you checked you have completed the form correctly?
- If you are under age 65:
- Have you confirmed that you are employed for 30 or fewer hours per week and have reduced your hours from full time?
  - Have you attached a signed statement from the Ministry noting its understanding that your hours in paid employment with your employer will not increase?
- Have you enclosed a bank-encoded deposit slip or a copy of a bank statement print out?
- (If required) have you attached properly certified documents confirming your identity and residential address?

**Step 5. Return instructions**

**Member to retain a copy of this form.**



**Member to send the original to Teachers' scheme Administrator, Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140 or by email to [nztrssep@mercerc.com](mailto:nztrssep@mercerc.com).**