

## AGE 50 OR OVER

# IN-SERVICE BENEFIT PAYMENT REQUEST

## Eligibility

When you reach age 50, you can elect to make withdrawals from your Basic and Voluntary accounts while still in service. Under certain circumstances you can also make withdrawals from your Employer Account.

**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.

**Step 2. Provide details of the benefit request****A. Withdrawal of funds (please tick one or more boxes as applicable)**

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

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

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

**OR**

**I am partially retiring within 10 years of reaching New Zealand Superannuation Age (currently age 65).**

I elect to withdraw the following amounts:

(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.

If making a withdrawal from my Employer Account:

I confirm that I am employed for 30 or fewer hours per week and have reduced my working hours from full time; and

I have attached a signed statement from the Ministry noting its understanding that my hours in paid employment will not increase.

**OR**

**I have reached New Zealand Superannuation age (currently age 65).** I elect to withdraw the following amounts:

(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.

**B. Please tick one of the following****I have not left teaching and:**

I wish to continue contributing to the Scheme. I understand that \$100 will be left in my Employer Account to avoid automatic closure of my account;

**OR**

I do not wish to continue contributing to the Scheme.

**C. Payment details**

I **attach** a bank-encoded deposit slip or copy of a bank statement print out for the bank account to which my benefit is to be paid.

**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.

MoE number

## Step 4. Sign the form



Member's signature

Date

  /   /    

### BEFORE YOU RETURN THIS FORM

- Have you checked you have completed the form correctly?
- Have you attached all required documents?

## 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 [nztrsserp@mercerc.com](mailto:nztrsserp@mercerc.com).**