

Commutation of pension

Please mail to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144 or email office@angfincare.nz

1. Member details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	Number / Street / PO Box	
	<input type="text"/>	
	Suburb / City	Postcode
	<input type="text"/>	<input type="text"/>
Email address	Daytime / mobile phone	
<input type="text"/>	(0) <input type="text"/>	

2. Request

I apply to the Trustee of The New Zealand Anglican Church Pension Fund to have part of my pension paid as an additional lump sum as follows:

- » Percentage of pension to be commuted % OR
- » Such percentage to provide an additional lump sum of \$

3. Undertakings

Please supply supporting evidence for the chosen undertaking for item 1 below.

Depending on the reason for the application, the supporting evidence to include with your application can be documents such as:

- » a copy of a sale and purchase agreement;
- » a copy of a quote for work to be done on the property;
- » a statement from your mortgage lender showing your loan balance.

1. I undertake to apply the additional lump sum exclusively for one or more of the following purposes.
 - Towards the purchase of a property which is intended to be used as my principal residence.
 - Towards the improvement, alteration or renovation of a property owned by me and is or will be my principal residence.
 - Towards the payment of principal, interest or other monies owing under a mortgage or other encumbrance on a property which is owned by me and is or will be my principal residence.
 - Other - please specify on back of form.
2. I confirm I do not have any medical conditions that may significantly impact on my life expectancy. Please provide an opinion by a medical practitioner as to your general health.
3. I authorise the Trustee to make such enquiries as it deems necessary in order to verify the details in my application.
4. I declare that:
 - a. all the information provided in and with this application form is true and correct.
 - b. I have not withheld any information that may affect the Trustee's decision.
 - c. I will advise the Trustee if the purpose of this application changes or ceases to apply.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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