

Benefit entitlement - 65+

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

You can make a withdrawal once you have reached 65 years of age.

1. Member details		
Title	First name(s) Surname	7
Postal address	Number / Street / PO Box	
	Suburb / City Postcode	
Email address	SS Daytime phone	
Liliali addiess	(0)	
2. Membership options		
I elect the fo	following option [please select one option]:	
Optio	ion 1 To retain my benefit payment in The Retire Fund and continue membership.	
Optio	ion 2 Withdraw the sum of \$\ and remain in The Retire Fund.	
Optio	ion 3 Withdraw all entitlements and cease to be a member of The Retire Fund.	
3. Payment details [if Option 2 or 3 selected]		
Please pay the withdrawal amount to my bank account as detailed below: Name of bank account - Please provide proof of your bank account name and number by attaching a deposit slip or bank statement		
Account detai	Branch Account Suffix	
4. Signature	re	
Signature	Date D D M M Y Y Y Y	