

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

The information supplied in this form is to be used by the Trustee of The Retire Fund to calculate the benefit entitlement of a member leaving the service of their Participating Party and to make that payment. It will not be used for any other purpose.

Participating Party (name of employer)

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 phone	
<input type="text"/>	(0) <input type="text"/>	

2. Payment options

I elect the following option [please select one option]:

 Option 1

To retain the benefit payment in The Retire Fund and continue membership.

Note: You can continue to make personal contributions (regular or one off payments).

 Option 2

Withdraw the sum of: \$ and remain in The Retire Fund.

 Option 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 details

Bank

Branch

Account

Suffix

4. Signature

Signature

Date

D	D	M	M	Y	Y	Y	Y
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5. To be completed by Employer - Reason

The reason for cessation of employment / service [please select one option]:

Resignation

Retirement

Early retirement due to ill health

Death

Redundancy

Other [_____]

I confirm that the member is leaving the service of the Participating Party / Employer and accordingly is entitled to payment from The Retire Fund.

Title

First name

Surname

Authorised Signatory

Date

D	D	M	M	Y	Y	Y	Y
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