

MARITIME RETIREMENT SCHEME



REQUEST TO WITHDRAW DEFERRED BENEFIT

To : The Administration Manager
Maritime Retirement Scheme
P O Box 11330
Wellington 6142

I, _____ (full name)

of _____ (address)

_____ (member number)

hereby request that you pay me on 15th / 30th _____ (date)
(delete one)

Either

Option 1 - Part Withdrawal

Total = B + C	B - Balanced Fund	C - Conservative Fund
\$ _____ (Minimum \$5,000)	\$ _____	\$ _____

Or

Option 2 - make a Full Withdrawal of 100% of my Deferred Benefit

I understand that on receipt of the benefit I have requested above:

- my interest in the Scheme will be reduced by the amount I have elected to partially withdraw under Option 1; or
- I will have no further interest in the Scheme where I have elected to fully withdraw my benefit under Option 2:
and

I will have no further claims against the Scheme in respect of the benefit paid.

_____ (signature) _____ (date)

Please -Select either Option 1 or Option 2.

- 1 Send the form to the Scheme Administrator at least two weeks prior to the requested payment date.
- 2 Enclose your printed **bank account details (a recent bank statement)** to enable payment into your bank account.
- 3 Attach a copy of your current proof of identity e.g. Passport, Drivers Licence, ensure that expiry date is shown



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DEFERRED BENEFITS - TERMS AND CONDITIONS

- Deferred Beneficiaries may not make any additional contributions to their member account.
- the minimum amount of benefit that Deferred Beneficiaries may initially defer shall be \$25,000.
- the minimum lump sum partial withdrawal will be \$5,000.
- the maximum number of lump sum withdrawals (in addition to any regular payments) shall be two in any Scheme financial year.
- the minimum amount for a regular payment shall be \$500, which may be stopped or varied at any time.
- regular payments will be made on the 30th of each month.
- the minimum balance that Deferred Beneficiaries shall hold in any investment portfolio shall be \$5,000 or the whole account if less than \$5,000.

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