



Attach your bank deposit slip here

MARITIME RETIREMENT SCHEME BENEFIT REQUEST FORM (SEAFARERS SECTION ONLY)



1. Personal Details

Name: _____

Address: _____

Daytime Ph : _____ Mobile Ph: _____ Union No: _____

Email: _____ Date of Birth: DD / MM / YYYY

Employee's signature _____ Date _____

Date of leaving: DD / MM / YYYY

- Resignation Ill Health Unclaimed Benefit Death
- Retirement Redundancy Disablement Other (please specify)

2. Union Clearance

Union Position: _____

Date of clearance from Union: DD / MM / YYYY

Signed by Union Administrator: _____

3. Date of last contributions (for completion by the Employer)

Contributions not yet paid to Scheme	MEMBER	EMPLOYER
For period: _____ Payment date: <u>DD / MM / YYYY</u>	\$ _____	\$ _____
Total paid since 1 April 20.....	\$ _____	\$ _____
_____ Signature of employer	<u>DD / MM / YYYY</u> Date	Position held _____

4. Deferral of payment of benefit

Do you wish to defer payment of your benefit? **Y / N** (please circle the applicable choice)

This means that your benefit will stay in the Scheme and continue to earn the same income and pay the same fees as when you were a working member.

Deferred Benefit information:
A minimum of \$5,000 can be deferred initially.
Deferred members are allowed two lump sum payments a year, a minimum payment of \$5,000 per lump sum payment.
Deferred members can elect to have a regular monthly withdrawal (for a minimum of \$100) which can be stopped or varied at any time

If you have circled **Y** then we will contact you to ascertain what proportion of your benefit you wish to defer.

Employee's signature DD / MM / YYYY
Date

Please note: We require a copy of your proof of identity e.g. Passport, Drivers Licence