



Attach a copy of bank deposit slip here

MARITIME RETIREMENT SCHEME MEMBERS IN SERVICE WITHDRAWAL FORM (Seafarer only – Age 65+)



Title: Mr/Mrs/Ms/Miss First Names: _____ Surname: _____
Please circle applicable title

Postal address: _____

Phone number: _____

Member number: _____ Date Joined Scheme _____

IN SERVICE WITHDRAWAL

I am a member of the Seafarers Section of the Scheme (aged 65+) and I wish to make an in service withdrawal from my account on:

15th / 30th _____ 20____
(delete one) (insert month and year)

Please note: Six months' notice must be given before payment will be made

Member's Account as at 01 April 20__			Leaving Benefit as at 01 April 20__		
Member Account	Employer Account	Total	Member Account	Employer Account:	Total
\$	\$	\$	\$	\$	\$

	Member Account	Employer Account	Total
Maximum payable is 50% of leaving benefit which is:	\$	\$	\$

Amount applied for \$ _____

**Please attach a copy of your ID - Valid Signed Passport or Drivers Licence
Printed bank details - account name and number**

Member Signed: _____
Signature Date

TRUSTEE AUTHORISATION

I, the undersigned Trustee of the Maritime Retirement Scheme, hereby authorise and request the Scheme Administrator to arrange disbursement of the member's benefit as specified above

Signed: _____ Name: _____

Date: _____

Please return the completed form to:

Maritime Retirement Scheme, PO Box 11330, Wellington, 6142

FreePhone 0800 947 357, web maritimeretirementscheme.nz

