

MARITIME RETIREMENT SCHEME



REGULAR DEFERRED BENEFIT PAYMENTS

Member Number : _____
 Birthdate : _____

Member : _____

Current position as at:

Total = B + C
\$0.00

Applicable Investment Strategy	
B = Balanced Strategy	C = Conservative Strategy

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To: The Administration Manager
 Maritime Retirement Scheme
 PO Box 11330
 WELLINGTON 6142

Member Number:

Name:

Please pay me the following amount each month

Monthly Payment

Total = B + C
_____ (minimum \$500)

Applicable Investment Strategy	
B = Balanced Strategy	C = Conservative Strategy
\$ _____ (minimum \$500)	\$ _____ (minimum \$500)

Please

- 1 Enclose your printed **bank account details (a recent bank statement)** to enable payment into your bank account.
- 2 Attach a copy of your current proof of identity e.g. Passport, Drivers Licence, ensure that expiry date is shown

Bank Account

I understand that regular monthly payments of deferred benefits are subject to the terms and conditions prescribed by the Trustees from time-to-time.

Signature:

Date: