## **MARITIME RETIREMENT SCHEME**



## **REQUEST TO WITHDRAW DEFERRED BENEFIT**

To:	The Administration Manager Maritime Retirement Scheme P O Box 1096 Wellington 6140	<del>)</del>			
l, of				(full name) (address)	
				(member number)	
Either	Option 1 - Part Withdraw	val			
	Total = B + C	B - Balanced Fund	C - Co	onservative Fund	
\$_	(Minimum \$5,000)	\$	\$		
Or Option 2 - make a Full Withdrawal of 100% of my Deferred Benefit					
		(signature)		(date)	

When completed, this form should be sent along with proof of Identity e.g. passport or drivers license and Bank account details (i.e. deposit slip or copy of your bank statement) to:

The Administration Manager, P O Box 1096, Wellington 6140 or emailed to maritime@mjw.co.nz FreePhone 0800 947 357, www.maritimeretirementscheme.nz

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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 four 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.

Level 7, 20 Ballance Street, Wellington 6011 ◆ PO Box 1096, Wellington 6140

Telephone 0800 947 357 ◆ Email maritime@mjw.co.nz ◆ Website www.maritimeretirementscheme.nz