

**MARITIME RETIREMENT SCHEME
EXIT ADVICE FORM
(SEAFARER MEMBERS)**



SECTION A- Member Details

Name: _____

Address: _____

Daytime Phone Number: _____ Mobile Number: _____

Email: _____ Date of Birth: _____

Date of Leaving or Date of Death: _____

Signature of Member _____ Date _____

SECTION B -Reason for Exit

- ☐ Resignation (Withdrawal) ☐ Ill Health & Disablement ☐ Death (see below)
☐ Forced Redundancy ☐ Voluntary Redundancy ☐ Retirement ☐ Other (please specify)

SECTION C -Death Benefit Only

Name & Address of Executor/ Administrator of Member's Estate (if known)

SECTION D – Union Notified

Union Position: _____

Signed by Union Administrator: _____

Date of clearance from Union: _____

SECTION E – To Be Completed by Employer (if applicable)

Employer Name _____

Signature of Employer _____ Date _____

When completed, form to be sent to:

The Administration Manager, P O Box 1096, Wellington 6140 or emailed to maritime@mjlw.co.nz

Freephone 0800 947 357, www.maritimeretirementscheme.nz