

## Employer Scheme Withdrawal Form

National Institute of Water and Atmospheric Research Limited (NIWA)



Please print in black or blue pen, in uppercase, one character per box and ☒ all that apply.

If you are having trouble completing this form, you can call us on **0800 405 845** or email us on **sil@mercercor.com**

### Privacy statement

Information in this form and any requested documents are being collected to enable administration of this account. The Privacy Act entitles the account holder to access and to request correction of any personal information.

Send your original application form and supporting documents to:

Mercer (N.Z.) Limited, Freepost Authority Number 3629, PO Box 1849, Wellington 6140



If you are having trouble completing this form, you can call us on **0800 405 845** or email us on **sil@mercercor.com**.

## Step 1 – Member details

Membership number

       

IRD number

   -    -   

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Date of birth   /   /

First name

Middle name(s)

Surname

### Residential address

|         |             |
|---------|-------------|
| Number  | Street name |
| Suburb  |             |
| City    | Postcode    |
| Country |             |

### Mailing address (if different from residential address)

|         |             |
|---------|-------------|
| Number  | Street name |
| Suburb  |             |
| City    | Postcode    |
| Country |             |

### Telephone

Mobile

Home phone

Email

## Step 2 – Type of withdrawal

### Tick one

- ☐ Resignation or dismissal (one lump sum)
- ☐ Retirement withdrawal (retirement date as specified in your Employer Participation Agreement ("Retirement Date") or an earlier date at the discretion of the Trustee (one lump sum)
- Your employer must confirm your eligibility for an earlier Retirement Date by signing section 6.*

### Choose option 1, 2 or 3:

- ☐ **1.** Leaving service at Retirement Date
- ☐ **2.** Staying in service at Retirement Date with the consent of your Employer
- Your employer must confirm your eligibility by signing section 6.*
- ☐ Request payment now, or
- ☐ Request payment on   /   /
- ☐ **3.** Retiring from service prior to Retirement Date with the consent of your Employer (not before age 50)
- Your employer must confirm your eligibility by signing section 6.*
- ☐ Permanent incapacity or ill health (one lump sum)
- Please have your doctor complete the Permanent Incapacity form (available by calling us on **0800 405 845**).*
- ☐ Hardship
- ☐ My full available balance, or
- ☐ Partial payment of \$

*Please complete and attach the SIL Financial Hardship form (available by calling us on **0800 405 845**).*

Membership number

☐ Other special circumstances

☐ One lump sum, or

☐ Partial payment of \$

*Please complete and attach a letter, signed by your Employer, detailing your circumstances that may justify a withdrawal. Withdrawals due to special circumstances are subject to Trustee approval.*

### Step 3 – Bank account information

Payments can be made to a New Zealand bank account in your name. Payments will not be made to business accounts, family trust accounts or accounts of another person.

☐ I confirm that I have provided a printed bank statement

Name of bank

Bank account number

Bank

Branch number

Account number

Suffix

Branch address

### Step 4 – Certified identity documents

Your withdrawal request must be submitted with one of the identification options set out below. We may have your identification documents on file, please contact us to confirm this. We may need to request new identification documents from you.

#### Option 1 – Electronic identity verification

Mercer as the Administration Manager has the ability to electronically verify your identity. Once we have received your withdrawal request, we will send you an SMS via our third party partner to biometrically verify your identity. To complete this method of verification, you must have a smartphone (with a front camera that is capable of taking a photo/video) and a current (not expired) version of one of the following:

**New Zealand Passport**

**OR**

**New Zealand Driver Licence**

If this method of identification is unsuccessful, you will be required to provide certified ID.

#### Option 2 – Certified copies of identity documents

Please provide a certified copy of your identity documents. Refer below for information on acceptable identity documents and who can certify them.

**Preferred identification method** – please select one of the following options:

☐ Option 1 – I would like the Administration Manager to electronically verify my identity

☐ Option 2 – I would like to provide the Administration Manager with certified copies of my identity documents

If you have selected Option 1, you do not need to provide certified ID now.

#### Provide a certified photocopy of current and valid documents.

If you selected Option 2 as your preferred way for us to verify your identity, please select one of the certified identification options below. We are only able to accept original certified copies of certified ID (i.e. the copy that has been physically certified).

These documents must be posted to us - our postal address is Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140, New Zealand.

If your name has changed, please provide evidence of your name change which links your previous and current names.

Mercer members who are supplying overseas identity documents must also provide proof of New Zealand residency.

**A** A certified photocopy of **ONE** of:

- ☐ A New Zealand or an overseas passport
- ☐ A New Zealand firearms licence
- ☐ A New Zealand Certificate of Identity\*
- ☐ A New Zealand refugee travel document
- ☐ An emergency travel document
- ☐ An overseas government national identity card (appropriate pages containing name, date of birth, photograph and signature)

**B** A certified photocopy of **ONE** of:

- ☐ A New Zealand or an overseas driver licence
- ☐ A Kiwi Access Card (previously known as 18+ Card)

**Plus**

A certified photocopy of **ONE** of:

- ☐ A New Zealand or an overseas birth certificate
- ☐ A New Zealand or an overseas citizenship certificate

**C** A certified photocopy of **ONE** of:

- ☐ A New Zealand or an overseas driver licence

**Plus**

A certified photocopy of **ONE** of:

- ☐ A (Super) Gold Card
- ☐ A Community Services Card
- ☐ A bank account or a credit card statement issued by a New Zealand registered bank in the 12 months preceding the date of the application
- ☐ A statement issued by Inland Revenue or another government agency in the 12 months preceding the date of the application

\* Please visit [passports.govt.nz](https://passports.govt.nz) to read more about this ID document.  
A Gold Card is NOT considered a type of a New Zealand Certificate of Identity.



I certify this to be a true copy of the original document and confirm it represents the identity of Joe Smith.

Name: **Jane Doe**

Occupation: **Justice of the Peace**

Date: **18/04/2024**

Signature:

**How to have your ID correctly certified**

**Photocopy ID at 150%** so the details are legible.

Please do not send in your physical identity documents e.g. passport, driver licence, birth certificate etc.

**Please note:** Certification is valid for three months and must have been carried out within three months of this application. Your identity documents must be certified by one of the following people: Justice of the Peace, Registered Lawyer, Chartered Accountant, Registered Teacher, Registered Doctor, Police Officer, Notary Public, Registrar/Deputy Registrar. Please refer to the Confirmation of Identity Guide.

Membership number

## Step 5 – Your agreement

I agree to withdraw my investment as indicated above.

I understand that I chose to save for my retirement by contributing to the SIL Employer Scheme, which is a regulated superannuation product that is subject to superannuation scheme rules.

If signed under power of attorney, that attorney confirms that he/she has not received notice of revocation of that power.

Attorneys must provide a certified copy of their power of attorney.

Signature

Date //

## Step 6 – Employer agreement

Date member commenced employment: //

Date member ended employment (if applicable): //

Employer final contribution date (if applicable): //

By signing this form, you confirm you consent, where required by the Trust Deed and Participation Agreement, to this payment being made, and declare all details supplied are correct.

This form can only be signed by an approved authorised signatory of the company.

Signature

Date //

Company name

Full name

Position

Email

Phone number



**Please return your completed form to:** Mercer (N.Z.) Limited, Freepost Authority Number 3629, PO Box 1849, Wellington 6140. Alternatively, you can email your fully completed application form to **[sil@mercerc.com](mailto:sil@mercerc.com)**.