



! Determining your eligibility

You become eligible to withdraw your savings when:

- You turn 60 years old; or
- If you're a female member of the SIL Mutual Fund Personal section, and you became a member prior to 3 November 1989, when you turn 55 years old.

Processing times

Once we receive your fully completed form and your eligibility has been confirmed, your savings will be paid out depending on the processing times listed in Step 2.

Account closure

Please note that your account will be closed once the full amount of your accumulated funds has been paid out.

Privacy statement

Information in this form and any requested documents are being collected to enable administration of this account. The Administration Manager abides by the Privacy Act 2020, and you have the right to access and request correction of personal information held about you.

Step 1 – Identity

In this section we need to confirm that you are who you say you are, and the below information must match our records. You can check the information we hold for you when you sign in to your account at www.silfunds.co.nz.

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

Evening

Email

Membership number

Step 4 – Statutory declaration

I, (Full name), of (Address)
 (Address), (Occupation)

solemnly and sincerely declare that:

- I am entitled to make this claim and that all the information which I have provided in this form and in all included materials is true and correct.
- I have read the privacy information at the beginning of this form.
- I understand that should the information given in this form be incomplete or incorrect, the Administration Manager will not be able to complete its assessment of this application without receiving complete and correct information.
- I consent to the use of the personal information provided in this form by the Administration Manager so that they can assess and process my requested withdrawal. I understand that access to and correction of my personal information may be requested by me.
- I understand that if I withdraw my total account balance that my account will be closed.
- I understand that my withdrawal value will be based on the unit prices available at the time the Administration Manager processes the withdrawal.
- Any changes noted in this form will amend any existing retirement withdrawal instructions (if applicable).

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957.

Signature of member

Declared at (Location) this (Day) day of (Month) 20 (Year)

Before me (please print full name)
Person authorised to take statutory declarations Please specify office held
Signature

Checklist

Please tick that you have completed the form correctly:

- Entered your relevant details and requirements in Steps 1 and 2
- Included a bank encoded deposit slip or a copy of your bank statement
- Included photocopied and certified documents as per Step 3
- Completed the statutory declaration in Step 4 and have had your signature witnessed

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.