

Please mail to AFC, PO Box 12 287, Thorndon, Wellington 6144 or email to admin@buss.org.nz

This form is for members aged 65 & over who have retired from ministry and have not completed the Statutory Declaration before this withdrawal request.

1. Member details

Title	First name	Middle name(s)								
<input type="text"/>	<input type="text"/>	<input type="text"/>								
Surname										
<input type="text"/>										
Date of birth		Email address								
<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y	<input type="text"/>
D	D	M	M	Y	Y	Y	Y			
Phone	Daytime (0) <input type="text"/>	Mobile (0) <input type="text"/>								
Postal address	Number / Street / PO Box <input type="text"/>									
	Suburb / City <input type="text"/>	Postcode <input type="text"/>								

2. Payment details

Please make payment to the following bank account:

Name of account <input type="text"/>															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account	Suffix												

3. Withdrawal amount

I elect the following option (please choose one):

No withdrawal at this time*

☐ I wish to leave my funds in the Scheme and make no withdrawal at this time.

Regular withdrawals*

☐ A regular withdrawal of \$

Frequency (Select one) ☐ Fortnightly ☐ Monthly

*The minimum regular withdrawal is \$200.

Partial withdrawal*

☐ A partial withdrawal of \$

or all eligible funds at the time of the withdrawal if this is a lesser amount.

*The minimum partial withdrawal is \$1,000.

Full withdrawal of all eligible funds*

☐ I wish to withdraw all my available funds at this time and cease to be a member of the Scheme.

4. Statutory Declaration

I

of

solemnly and sincerely declare that to the best of my knowledge:

- ☐ My principal place of residence has been in New Zealand for the entire period that I have been a member of the Baptist Union Superannuation Scheme and subject to the Complying Fund rules.

OR

- ☐ My principal place of residence in New Zealand for the entire period that I have been a member of the Baptist Union Superannuation Scheme and subject to the Complying Fund rules, with the exception of the following periods, during which I lived overseas. I understand that I may not qualify for the Member Tax Credit during these periods:

From	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	to	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
From	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	to	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
From	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	to	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

and during my time living overseas ☐ was ☐ was not working for a charitable organisation.

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

Signature of applicant

Declared at this day of

before me:

Signature of witness

Your signature must be witnessed by a Justice of the Peace, a Solicitor, a Court Registrar (or Deputy Registrar) or any other person authorised to take statutory declarations.

Signature of witness

Printed name of witness

Position

Privacy Act

The personal information you provide in this form and any further information that you provide will be held securely by Anglican Financial Care. Information held about you will not be disclosed outside Anglican Financial Care without your prior consent, except to the Trustee of the Scheme, Inland Revenue, or where required by law. You have the right to access and/or correct any personal information about you held by us.