

Retirement withdrawal

Subsequent withdrawal

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

Members who have previously made a withdrawal from their account may use this form for all subsequent withdrawals.

NOTE: If this is the first time you are accessing money in your locked-in CSF Balance section you must complete the Retirement withdrawal age 65 and older form for this first withdrawal.

1. Member details
Title First name Middle name(s) Surname
Date of birth Email address Daytime Email address Mobile
Phone (0) (0) Number / Street / PO Box Postal address Suburb / City Postcode
2. Payment details
Please make payment to the following bank account: Name of account Bank Branch Account Suffix
3. Withdrawal amount
Regular withdrawals* A regular withdrawal of \$ Frequency (Select one) Fortnightly Monthly *The minimum regular withdrawal is \$200. *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. Signature of member Signature of member Date