

Retirement withdrawal

under age 65

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

This form is for retired members under age 65. Retired members who are under age 65 can access the funds in their number 1 and number 2 accounts. If you wish to make a full withdrawal any money you have in the CSF Balance section will need to be transferred to a KiwiSaver scheme.

1. N	∕leml	ber d	etails

Title	First name	Middle name(s)
Surname		
Date of birth	Email address	
D D	M M Y Y Y Y	
	Daytime	Mobile
Phone	(O)	(0)
	Number / Street / PO Box	
Postal address		
	Suburb / City	Postcode

2. Payment options

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. I acknowledge my CSF Balance must be transferred to a KiwiSaver Scheme. I am a member of the following scheme: Full name of KiwiSaver Scheme							

3. Account information

Please make payment to the following bank account:

Account name						
Bank	Branch	O Account		Suffix		
4. Signature of member						
Signature of member			Date			

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.