

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

This form is to be completed for members who have left their Baptist employment who are under age 50. Please note if you have not been a contributing member of the Scheme for at least 12 years vesting could apply.

1. Personal details

Title	First name	Middle name(s)							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Surname									
<input type="text"/>									
Date of birth	Phone								
<table border="1"><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" value="(0)"/>
D	D	M	M	Y	Y	Y	Y		
Postal address	Number / Street / PO Box								
	<input type="text"/>								
	Suburb / City	Postcode							
	<input type="text"/>	<input type="text"/>							
Email address - Please do not use your church email address									
<input type="text"/>									

2. Insurance cover

I wish to receive information about continuing my death and TPD insurance cover* Yes No

* You have 60 days from the date of your resignation to take up this offer. If you select yes an insurance representative will contact you with information about your coverage options and pricing.

3. Reason for resignation

Please complete either section 4 or section 5 on the next page.

4. Leave the Scheme

- I elect to leave from the Scheme and withdraw all funds owed to me. If you are a member with a locked-in CSF Balance section we must have confirmation from your KiwiSaver provider you are a member before any funds will be paid to you or transferred to the KiwiSaver scheme.

Number 1 & Number 2 accounts

- Please pay my eligible funds in my number 1 and number 2 accounts to the following bank account:

Bank

Branch

Account

Suffix

OR

- Please transfer my eligible funds in my number 1 and number 2 accounts to my KiwiSaver Scheme.

Locked-in CSF Balance

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

Full name of KiwiSaver scheme

5. Request to remain in the Scheme

- I request to remain a member of the Scheme.

I acknowledge:

- » It is my intention to look for another position with a Baptist employer;
- » I have two years to find a position with another Baptist employer and recommence contributions to the Scheme;
- » I may be required to leave the Scheme at the end of two years if I have not recommenced contributions;
- » I may not withdraw any funds from my account except where allowed by the Trust Deed of the Baptist Union Superannuation Scheme; and
- » If I elect to make a withdrawal outside the allowed reasons I will have to exit the Scheme.

6. 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 or where required by law. You have the right to access and/or correct any personal information about you held by us.