

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

This form is for members who are age 65 or older and have retired or elected to stop contributing to the Scheme.

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	
<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"/>	
Phone	Daytime (0)	Mobile (0)
Postal address	Number / Street / PO Box	
	<input type="text"/>	
	Suburb / City	Postcode
	<input type="text"/>	<input type="text"/>

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.

3. Account information

Please make payment to the following bank account:

Account name

Bank

Branch

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