



# Ports Retirement Plan

To the Administration Manager

I, \_\_\_\_\_ Member's full name  
 of \_\_\_\_\_ address  
 \_\_\_\_\_ email  
 \_\_\_\_\_ phone number  
 \_\_\_\_\_ member number

I confirm I am a Deferred and/or a Qualifying member and hereby direct the Trustee that my balance shall be withdrawn as shown:

<b><u>Option 1 : Partial Withdrawal</u></b>	<input type="text" value="\$"/>
<b><u>Option 2 : Total Withdrawal</u></b>	<input type="text" value="\$"/>
_____ (my signature)	____ / ____ / ____ (date)

Please:

- Select** either Option 1 or Option 2, complete, sign and date;
- Attach** your pre printed deposit slip of your NZ bank account or NZ bank statement, so that we can pay directly into your bank;
- Post to** Melville Jessup Weaver, The Administration Manager, Ports Retirement Plan, P O Box 1096, Wellington 6140, or;
- Courier to** Melville Jessup Weaver, The Administration Manager, Ports Retirement Plan, Level 7, Kiwi Wealth House, 20 Ballance Street, Wellington 6140.