



# 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I confirm I am a Deferred and/or a Qualifying member and hereby direct the Trustee that my balance shall be withdrawn as shown: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>Option 1 :</b> Partial Withdrawal	\$ _____
<b>Option 2 :</b> Total Withdrawal	\$ _____
_____ (my signature)	____ / ____ / ____ (date)

Please:

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

**Administration Manager** - Freephone 0800 728 370

Melville Jessup Weaver Ltd, Level 7 Kiwi Wealth House, 20 Ballance Street, Wellington 6140

Melville Jessup Weaver Ltd, P O Box 1096, Wellington 6011

**Plan Secretary** - Level 1 Tramways Building, Thorndon Quay, Wellington, P O Box 4197 Tel 04 499 2066