



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I confirm I am a Deferred and/or a Qualifying member and hereby direct the Trustee that my balance shall be withdrawn as shown:

<u>Option 1 :</u> Partial Withdrawal	<input type="text" value="\$"/>
<u>Option 2 :</u> Regular Partial Withdrawal	<input type="text" value="\$"/>
<i>With the first payment starting asap in April 2022, then</i> Every quarter ending 20 March, 20 June, 20 September and 20 December	
<u>Option 2 :</u> Total Withdrawal	<input type="text" value="Total Withdrawal"/>
_____	____ / ____ / ____
(my signature)	(date)

Please:

- Select** either Option 1 or Option 2 or Option 3, 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;
- Courier to** The Administration Manager, Ports Retirement Plan, c/- MJW, Level 7, 20 Ballance Street, Wellington 6011.
Or post to The Administration Manager, Ports Retirement Plan, c/- MJW, P O Box 1096, Wellington 6140

Administration Manager - Freephone 0800 728 370

Melville Jessup Weaver Ltd, Level 7, 20 Ballance Street, Wellington 6011

Melville Jessup Weaver Ltd, P O Box 1096, Wellington 6140

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