



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I confirm I am a Deferred and/or a Qualifying member and hereby direct the Trustee that my balance shall be withdrawn as shown:

Option 1 : Partial Withdrawal

\$ _____

Option 2 : 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. **Attach** a photocopy of both sides of your drivers licence
4. **Courier to** The Administration Manager, Ports Retirement Plan, c/- MJW, Level 7, Fisher Funds House, 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 Kiwi Wealth House, 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