



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I confirm I am a Deferred and/or a Qualifying member and hereby direct the Trustee that my balance shall be withdrawn as shown: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

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, P O Box 11330, Wellington 6142, or
4. **Courier to** The Administration Manager, Ports Retirement Plan, Level 5 Simpl House, 40 Mercer Street, Wellington 6011.

Plan Secretary Level 1, Tramways Building, 1 Thorndon Quay, Wellington | PO Box 4197, Wellington 6140 | TEL 04 499 2066 FAX 04 471 0896

Administration Manager Level 5, Simpl House, 40 Mercer Street, Wellington | PO Box 11330, Wellington 6142 | FREEPHONE 0800 728 370

[www.portsretirement.org.nz](http://www.portsretirement.org.nz)