



**State Sector Retirement Savings Scheme**  
**CHANGES TO EMPLOYMENT**

**CURRENT MEMBER DETAILS**

Employer  Plan ID SZ13T00017  
 Member Name  Member ID  Employee No:

Please complete either A or B:

**A. NEW EMPLOYER (means and Employer participating in the State Sector Retirement Savings Scheme)**

Employer   
 Employee Number  Employee Salary \$   
 Deduction Details  
 Regular  % of salary    Voluntary  % of salary    Salary Sacrifice  % of salary  
 Salary Sacrifice Agreement in place (please tick)     Yes     No  
 First Payroll Deduction Date     Payroll Frequency (please tick)     Fortnightly     Monthly  
 Signature of Member  Date  /  /   
 Signature of Authorised Officer  Date  /  /   
 Name of Authorised Officer  Position

**B. LEAVING STATE SECTOR EMPLOYMENT**

- I am leaving State Sector Employment and am not eligible to make a benefit request now.
- I am leaving State Sector Employment and want to claim a benefit I am eligible for now.  
(Please complete and enclose a Request for Benefit Payment Form)
- I am leaving State Sector Employment and am eligible for a benefit but want to defer claiming it for now.

**EMPLOYER**

Date Ceasing Employment  /  /     Date final contributions deducted (Last pay day)  /  /   
 Date final contributions forwarded to AXA New Zealand  /  /

**IMPORTANT: Please note that before a benefit can be paid to a Member all Member and Employer Contributions to the date of ceasing employment must have been received by AXA New Zealand**

Signature of Member  Date  /  /   
 Signature of Authorised Officer  Date  /  /   
 Name of Authorised Officer  Position

**Send this completed form to AXA New Zealand, Freepost AXA PO Box 1692, Wellington**