



State Sector Retirement Savings Scheme
REQUEST FOR BENEFIT PAYMENT

MEMBER DETAILS

Employer Plan ID SZ13T00017

Member Name Member ID Employee No:

Member's Address Phone

BENEFIT PAYMENT TYPE (Please tick as appropriate)

Attaining age 50 and leaving State sector (see note 1 over)

Member's Balance and cease to be a member

Part of Member's Balance; please indicate the amount required \$

Note: Member must certify that they do not intend to be employed in the State Sector in the future to claim this benefit.

Attaining age 50 - Special Provision Teaching Service Members Only (see note 2 over)

You may withdraw all or part of your Voluntary Account and Member Basic Account.

Full Voluntary Account Full Member Basic Account

Part of Voluntary Account; \$ and/or Part of Member Basic Account; \$

Withdrawing from your Voluntary Account (see note 3 over) You may withdraw all or part of your voluntary account.

Full Voluntary Account

Part of Voluntary Account; \$ or %

Financial Hardship (Please attach declaration - see note 4 over)

For the Financial Hardship Benefit please indicate the amount required \$

Transfer to a registered non SSRSS superannuation scheme (Please attach required information - see note 5 over)

Attaining the New Zealand Superannuation qualifying age

Partial Retirement (see note 6 over)

Death **Total and Permanent Disablement**

(There are special requirements for Death and Disablement Benefits - see notes 7 & 8 over)

MEMBER TO COMPLETE

Transfer the benefit payment to another AXA New Zealand Product. Plan/Policy Number

Deposit benefit payment into my bank account. Account Name

(Please attach deposit slip) Account Number

Other instructions

EMPLOYER TO COMPLETE if applicable (see note 9 over)

Date Member 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 the Member all Member and Employer Contributions to the date of ceasing employment must have been received by AXA New Zealand.

I certify that I have read the notes and that all information supplied is correct.

Signature of Member Date / /

Signature of Authorised Officer Date / /

(Authorised Officer must not be the member claiming or receiving the benefit)

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

HELPFUL INFORMATION WHEN COMPLETING THE REQUEST FOR BENEFIT PAYMENT FORM

Notes

1. **Attaining age 50 and leaving State sector**
You are eligible for a benefit and may withdraw all or part of your Member's Balance subject to the withdrawal being the lesser of \$1,000 and your Total Member Balance if:
 - you are no longer employed by a State sector employer and;
 - your most recent State sector employer certifies you have ceased employment with them and;
 - you provide us with a letter stating you have no intention to ever return to State sector employment in the future
2. **Attaining age 50 - Special Provision for Teaching Service Members**
If you are a teacher or a principal at a school (whether or not you have left the teaching profession or your current employment) you may withdraw part or all of your Member Basic and Voluntary Accounts.
3. **Eligibility for making a withdrawal from your Voluntary Account.**
Only funds in a member's Voluntary Account are available for a voluntary withdrawal. A minimum of \$1,000 or the account balance, whichever is the lesser amount, must be withdrawn at any one time. A maximum of two withdrawals can be made in any one Scheme financial year.
4. **Eligibility for a Financial Hardship Benefit**
In order for a member to be eligible for a Financial Hardship Benefit the Trustee must be satisfied that the Member is suffering significant financial hardship. As well as completing the benefit request form, please have the Member complete a financial hardship declaration (forms are available from the AXA website statesector.axa.co.nz or from our Administration Team, ph: (0800) 277 473). Please enclose any additional details that will enable the Trustee to be satisfied that the Member is suffering significant financial hardship.
5. **Transfer to another registered superannuation scheme**
In order for a Member to transfer to another registered superannuation scheme AXA will require the following:
 - A completed benefit request form
 - A letter to the Trustee from the Member requesting that their benefit be transferred to another registered superannuation scheme
 - Details of the receiving registered superannuation scheme, proof the Member has joined that scheme, and the receiving scheme's account details.
6. **Partial Retirement**
You are eligible for a benefit and may withdraw all or part of your Member's Balance if:
 - You are within 10 years of reaching NZ Superannuation Age and;
 - You are employed for fewer than 30 hours per week and;
 - You have reduced your working hours from full time and;
 - You have notified us you do not intend to increase your hours in future - this notice must be countersigned by your employer
7. **Information upon the Death of a Member**
Please advise AXA New Zealand immediately if a Member dies. Please also forward the following:
 - A certified copy of the death certificate
 - A certified copy of the last will and testament
 - Details of the Solicitor acting for the estate
 - If a will has not been completed information concerning the dependants of the deceased.These details are required to assist the Trustee to determine to whom the benefit should be paid.
8. **A Total and Permanent Disablement Claim**
If you believe that a Member may qualify for this benefit in accordance with the Trust Deed, please complete a benefit request form. AXA New Zealand will arrange the appropriate medical examinations and seek any relevant information from you in order to consider the claim. AXA New Zealand will also keep you informed of the progress of the claim.
9. **Employer Signature box**
Completion of this box is only required if the Member is claiming a benefit whilst currently employed in the State sector but excluding a Member making a withdrawal from their Voluntary Account.
10. If further explanation is needed, please call Customer Services on 0800 277 473