STATE SECTOR RETIREMENT SAVINGS SCHEME

Member Withdrawal – Voluntary Account

Use this form to apply to WITHDRAW funds from your VOLUNTARY account before attaining age 50. You, as a member, need to complete all sections of this form.

PERSONAL DETAILS

Member name: _____ Member number: _____

Address: _____

Telephone: _____ Date of birth: _____/_____/_____

PAYMENT DETAILS

I direct AMP to credit the following account:

Bank (Name): _____Branch (Name): _____

Account Holder Name (e.g. James and Mary Smith): _____

Bank account number: ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐

Bank Branch Account number Suffix

PAYMENT FROM VOLUNTARY ACCOUNT

I would like to withdraw my Total Voluntary Account balance ☐ ***OR*** the amount of $_____.

Please note the following:

- The *minimum* withdrawal is $1,000 or your Total Voluntary Account.
- The *maximum* number of withdrawals permitted in each full year period (1 July to 30 June) is two

AUTHORISATION

I apply to the Trustee of the Plan to withdraw the amount shown. I certify that the information above is true and correct.

Member signature: _____ Date: _____/_____/_____

Please send this form to:

AMP SSRSS
P O Box 1290
Wellington

If you have any questions, please call 0800 275 267.