# STATE SECTOR RETIREMENT SAVINGS SCHEME

## Member Withdrawal – After Age 50

Use this form to apply to WITHDRAW funds AFTER ATTAINING AGE 50. You, as member, need to complete all details 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

### WITHDRAWAL AMOUNT AND CIRCUMSTANCES

I would like to withdraw my total account balance ☐ ***OR*** the amount of $_____

Please tick one box below and ensure all requirements are attached:

| Reason for withdrawal | Requirements | (please tick) |
|---|---|---|
| ☐ I am leaving the State Sector on attaining age 50 | Leaving Employment form attached<br>Statement from Employer attached<br>Proof of age attached | ☐<br>☐<br>☐ |
| ☐ I am partially retiring within 10 years of attaining New Zealand Superannuation age | Statement from Employer advising future hours attached<br>Proof of age attached<br>I will continue to contribute to the scheme ***OR***<br>I will no longer contribute to the scheme | ☐<br>☐<br>☐<br>☐ |
| ☐ I have attained New Zealand Superannuation age | Proof of age attached | ☐ |
| ☐ I am a Teacher who has attained age 50 | Proof of age attached | ☐ |

### WITHDRAWAL TAX DECLARATION

The information relating to the following questions is used by the Trustee to determine whether your withdrawal may be liable for Fund Withdrawal Tax. (FWT).
FWT applies to employer contributions (including salary sacrifice contributions).

Please tick appropriate box

1. Did you earn over $60,000 in any of the last 4 years? ☐Yes ☐No

2. Has any employer made contributions (including salary sacrifice contributions) to your fund since 1 April 2000? ☐Yes ☐No

Please note. You may need to complete a questionnaire if it is considered you may be liable for Fund Withdrawal Tax on your withdrawal. The questionnaire, if required, will be sent to you shortly.

### MEMBER 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.