



Please send this completed form and supporting documents to:

Email [workplaceadmin@amp.co.nz](mailto:workplaceadmin@amp.co.nz)

or

AMP Customer Services - NZRT

Freepost 170, PO Box 55

Shortland Street, Auckland 1140

If you have any questions, please contact your Adviser or call us on 0800 800 267.

# New Zealand Retirement Trust (NZRT)

## Leaving employment form

Use this form if you're an employer needing to tell us that an employee is leaving (or is about the leave) employment with you.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed your details, print, sign and send the form and any supporting documents to the address above.

A disclosure statement is available from your Adviser on request and free of charge.

\*These fields must be completed

### (a) \*Member personal details – Please ensure all boxes are fully completed to assist processing

Member number

Date left/leaving employment

Member's date of birth

Member's first names

Member's surname

Member's postal address

Postcode

Member's home phone

Member's mobile phone

Member's email

Employer's name

Plan name

### (b) \*Reason for leaving

Please tell us why the member is leaving employment with you.

- Retirement     Resignation     Redundancy     Ill health     Misconduct     Death

### (c) \*Entitlement to employer account

Please tell us the percentage of the employer account to be transferred to the member's member account.

- As per the Benefits Schedule

or (use this option where there is discretion to pay more than is specified in the Benefits Schedule)

- Other (please specify)  % of the employer account

The member's leaving entitlement will be based on the contributions received by the Manager.

### (d) \*Contributions

Tick one of the following:

- Final contributions due in relation to the member have already been sent to the Manager on

- or  
 A direct credit is due on

The balance of contributions due in relation to the member is made up as follows:

Member	Employer	Voluntary	Salary sacrifice
\$	\$	\$	\$

Note: Final benefits will not be paid or transferred to the My Super section of NZRT until these funds have been applied.

Any contributions received after the date above will be refunded to the employer.

Please make sure you sign the form over the page in section (e)

**(e) \*Authorisation by employer**

**I certify the information above is true and correct.**

Employer's signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name

Job title

**\*Checklist**

Please check you have completed the form correctly

- Have you completed all fields with an \*?
- Have you signed in section (e)?