



AMP State Sector Retirement Savings Scheme (SSRSS)

Leaving employment notification form

Please send this completed form and supporting documents to:

NZRT Customer Services
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.

The Employer needs to complete all sections of this form.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed and signed this form please send it and any supporting documents to the address above.

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

(a) Employer details

Employer name

Employer contact name

Phone

(b) *Member details

Member number

Title

 Mr Mrs Ms Miss Dr Other

Date of birth

First names

Surname

Email

Postal address

 Postcode

Residential address

 Postcode

(c) *Employment details

Date commenced employment

Last day of employment

(d) *Reason for leaving

Please tick one box below and ensure all requirements listed are attached.

Reason for leaving (please tick)	Requirements (please tick)	
<input type="checkbox"/> Resignation (prior to age 50)	All account balances will be transferred to the Personal section of the plan and the Member will be contacted regarding withdrawal options available (including transfer to a new State Services employer plan if applicable).	
<input type="checkbox"/> Total and Permanent Disablement (as defined by agreement)	Supporting documentation attached. All account balances will be transferred to the Personal section of the plan and the Member will be contacted regarding withdrawal options available.	<input type="checkbox"/>
<input type="checkbox"/> Retirement (on attaining age 50)	Leaving the State Sector at age 50. Statement regarding future employment attached. Proof of age attached. All account balances will be transferred to the Personal section of the plan and the Member will be contacted regarding withdrawal options available.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(e) *Contributions

Please tick one box below.

All contributions deducted have been paid

The last deduction of \$ _____ will be paid on

D	D	M	M	Y	Y	Y	Y
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(f) *Employer authorisation

I confirm that the above information is correct and that the Manager is authorised to transfer the Member's Total Account to the Personal section of the Plan. I instruct the Manager to close membership of this Employer's Plan for this Member.

Signature

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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Name

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Employer number

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