Westpac New Zealand **Staff Superannuation Scheme**



In-Tandem Member Leaving Employment with Westpac Advice to Mercer (N.Z.) Limited

If you need any help in completing this form please phone us on **0508 INTANDEM (0508 468 263)**

WNZSSS Administrator c/o Mercer (N.Z.) Limited

you have left the Bank):

RE: M	y accumulated balance in the In-Tandem sec	ction of	f the Wes	tpac I	New 2	Zeal	and S	taff (Supe	r Suspe	ension S	Scheme
I hereb	y advise that I will be leaving employment with Westpac	as at clc	ose of busine	ess on [Insert	depa	arture (date be	elow]			
Date:												
Lackno	owledge that this will require me to make some decisions	s about n	ny accumula	ated ba	lance	in In-	Tandeı	m.				
I ackno	owledge that I have choices to make, and I would like to o	confirm v	what I wish t	o be do	ne as	indic	ated b	elow.				
DI												
Pleas	e tick the box to indicate your choice.											
	To leave my money in In-Tandem as a Continued Ber option is located on the Scheme's website www.westp	-		-							tion form	for this
	If you choose this option, then a completed Contin	ued Ben	eficiary app	olicatio	n for	n sho	ould b	e inclu	ıded v	vith this	form.	
	To transfer my balance to my KiwiSaver account.	My KiwiSa	aver details	are:								
	KiwiSaver Provider:	Member	rship No:									
	To transfer my balance to my Managed Fund. My N	√anaged	Fund details	s are:								
	Fund Provider:	Membership No:										
	To transfer my balance to my bank account.											
	My bank account is:								_			
	My bank account is:						_ _					
	Bank Branch IMPORTANT: You must provide proof of your bank a		count	in clin	or ov	tract	Sut		omoni	t alaarly	chowing	VOUR
	name and account number.	account	e.g. paying	-iii sup	or ex	liaci	. 110111	a Stati	emem	t clearly	SHOWING	your
	I acknowledge that when I exit my employment with	Westpac	that my In-	Tander	n Life	Insur	ance a	nd Tot	al & P	ermanen	t	
	Disablement Insurance will cease. I wish to apply for the life insurance component to con	atinuo at	my own coc	t but w	ithout	any r	modica	d undo	rwritir	og on tho	doath	
	benefit previously provided to me as a member of In-T											or
	this cover within 30 days of my exit date from the Bar	nk. Our B	ank can fac	ilitate t	his apı	plicat	ion pro	ocess.	Please	e contact	them on	
	0800 OUR BANK.											
	Now scan and email this document (and your C	Continuos	l Donofician	, applia	ation f	-orm	or pro	of of bo	ndr oo	oount it	fapplical	olo)
	to westpacstaffsuper@mercer.com so that th						or proc	אלו וט וכ	япк ас	Courit – II	гарриса	ole)
	PLEASE NOTE THAT MERCER (N.Z.) LIMITED			CESS Y	OUR F	PAYM	ENT U	NTIL A	ALL FI	NAL DO	CUMENT	s
	AND PAYROLL CONTRIBUTIONS HAVE BEEN NB: This can take up to 15 working days from the			emplovi	ment.							
	Member's Name:		Member's S	Signatu	re:							
	Salary Number:											
			Email Addr	ess (wh	ich vo	חבטוו	he cor	ntacted	l on on	ice vou ba	ave left th	Bank).
	Phone Number (which you can be contacted on once		Email Addi	000 (WI		a carr	20 001		. 011 011	y 116	AVO IOIL LIII	builty.