

LEAVING SERVICE BENEFIT PAYMENT FORM

Thank you for being a member of the Defence Force Superannuation Scheme (DFSS). It's been great to have you onboard.

Even though you are leaving, you'll always be a member of the Defence Community. Did you know that you can still belong to the NZDF Savings Schemes?

To stay and benefit from the NZDF Savings Schemes, here are your options:

- Stay in the Defence Force Superannuation
 Scheme and if you are a Category A or C member
 you can withdraw some of your savings if you
 need to.
- 2. Transfer your savings into the New Zealand Defence Force KiwiSaver Scheme.
- Transfer your savings into the New Zealand Defence Force FlexiSaver Scheme (Category A and C member savings).

If you are a member of Category B and wish to leave the scheme, you will need to transfer the Category B portion of your savings into a KiwiSaver scheme or other complying superannuation scheme.

If you would like to open a New Zealand Defence Force KiwiSaver Scheme or a FlexiSaver scheme account, let us know by calling us on **0800 333 787** and we can help set this up for you.

Be part of the Defence Savings Community to benefit from:

- · Investment choice in all the NZDF Savings Schemes
- · Monthly rewards 1 of 16 \$250 Prezzy cards
- Access to the Force Financial Hub and website to monitor your savings
- Financial Advice
- Insurance
- Mortgage Broking Services and more.

HEI MANA MÓ AOTEAROA A FORCE FOR NEW ZEALAND We also invite your family members to join the New Zealand Defence Force KiwiSaver Scheme and / or the NZDF FlexiSaver Scheme and enjoy the same benefits as you.

If you would like help with making this important decision, Become Wealth can assist you at no additional cost. You can contact Become Wealth on **0508 232 663** or email them at hello@become.nz.

It is our hope that you will continue saving with us by choosing to stay in one of the NZDF Savings Schemes. However, if you want to withdraw your savings or transfer them to another scheme (and are eligible to do so), please complete this form.

HOW DO I FIND OUT MORE?

FORCE FINANCIAL HUB

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Google "Force Financial Hub"

NZDF SAVINGS SCHEMES



www.nzdfsavings.mil.nz



0800 333 787





DEFENCE FORCE SUPERANNUATION SCHEME LEAVING SERVICE BENEFIT PAYMENT FORM





PRIVACY STATEMENT

Information in this form and any requested documents are being collected to enable administration of this account.

The Manager abides by the Privacy Act 2020, and you have the right to access and request correction of personal information held about you.		
Please print in black of	or blue pen, in uppercase, one character pe	r box and 🕢 all that apply.
STEP 1 - MEMBE	R DETAILS	
In this section we need	d to confirm that you are who you say you ar	e.
Service number		
		Mr Mrs Ms Other
First name		Middle name(s)
Surname		
Home address - where	your final statement will be sent following you	ır release
Number Street Nam	e	
Suburb		
City		Postcode
Telephone		Email
Membership Category		
AB	С	
STEP 2 - PAYMENT DETAILS (CATEGORY A & C MEMBERS ONLY)		
Option 1	I wish to leave my funds in the Scheme until I	withdraw or transfer my balances
Option 2	Transfer funds into the New Zealand Defence	Force KiwiSaver Scheme OR Other KiwSaver Scheme
	Name of other KiwiSaver Scheme	
	Policy or member number	
Option 3	Transfer funds into the New Zealand Defence	Force FlexiSaver Scheme
Option 4		edited to my bank account and attach a copy of a bank
		bank account, you must provide details of a personal account in your its and accounts of another person will not be accepted.
	PAY SLIPS WILL NOT BE ACCEPTED AS PE	ROOF OF BANK ACCOUNT.
PAYMENT DETAIL	S FOR COMPLYING FUND MEMBER	RS (CATEGORY B MEMBERS ONLY)
Option 1	I wish to have my Complying Member and Complying Employer Account balances retained in the Scheme	
Option 2	I request that the balance in my Complying Me following complying superannuation fund or K	ember and Complying Employer Account be transferred to the liwiSaver scheme:
	Name of Scheme	Member Number
Option 3	Under Retirement I apply to uplift the balance	in my Complying Member and Complying Employer Accounts, subject

Member number		
STEP 3 - MEMBER DECLARATION I am entitled to make this claim and that all the information which I have provided in this form and in all included materials is true and correct. I hereby authorise any debt to the NZDF that cannot be recovered from my final pay be recovered from my superannuation payout. I have read the privacy information at the beginning of this form. I understand that should the information given in this form be incomplete or incorrect the Manager of the Scheme will not be able to complete its assessment of this application without receiving complete and correct information. I consent to the use of the personal information provided in this form by the Manager and the Supervisor and their related companies so that they can assess and process my requested withdrawal from the Scheme. I understand that access to and correction of my personal information may be requested by me. I understand that if I withdraw my total Scheme account balance that my account will be closed and that I will be ineligible to open a DFSS account in the future. I understand that by electing to become a Reservist, that I become classified as a Retained member and forfeit my Group Life insurance cover provided by the DFSS. Signature of Member* *Executors of estate, eligible beneficiary or Regional Commander to sign for death benefit.		
FOR NZDF USE ONLY:		
STEP 4 - RECOVERY OF DEBT TO NZDF Amount Owing to NZDF YES NO If Yes, please complete the rest of this step The amount that will be recovered is:		
STEP 5 - ADMINISTRATION UNIT AUTHORISATION Final contributions will be remitted in the fortnightly pay ending Final day at work Nature of release Resignation Death Ill-health/Medical release (CDF approval is required) - Category A/C only (see Step 7) Retirement Total and Permanent Disablement Transfer regular to reserve		
Other (please specify) The above information provided in respect of the requirements to the best of our knowledge correct in all respects.		
Authorised name and signature of O/C (Admin) X		
STEP 6 - HQ NZDF USE		
NZDF Section Officer (SO Super)		
In case of release on health or medical grounds, this form should be forwarded to Defence Human Resources - Remuneration and Benefits Cell to obtain CDF Authorisation before being further processed.		
STEP 7 - CDF AUTHORISATION FOR ILL-HEALTH/MEDICAL RELEASE - CATEGORIES A AND C ONLY I confirm that		

Please return your completed form to Defence Human Resources - Remuneration and Benefits Cell