



TE OPE KĀTUA O AOTEAROA
DEFENCE FORCE

New Zealand Defence Force
Savings Schemes

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:

1. 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.
3. 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.

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



Google **"Force Financial Hub"**

NZDF SAVINGS SCHEMES



www.nzdfsavings.mil.nz



0800 333 787



HEI MANA MŌ AOTEAROA
A FORCE FOR NEW ZEALAND

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 or blue pen, in uppercase, one character per box and ☒ all that apply.

STEP 1 – MEMBER DETAILS

In this section we need to confirm that you are who you say you are.

Service number

Mr ☐ Mrs ☐ Ms ☐ Other ☐

First name

Middle name(s)

Surname

Home address – where your final statement will be sent following your release

| | |
|--------|-------------|
| Number | Street Name |
| Suburb | |
| City | Postcode |

Telephone

Email

Membership Category

☐ A ☐ B ☐ C

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 KiwiSaver Scheme ☐

Name of other KiwiSaver Scheme

Policy or member number

☐ **Option 3**

Transfer funds into the New Zealand Defence Force FlexiSaver Scheme

☐ **Option 4**

I authorise my superannuation funds to be credited to my bank account and attach a bank encoded deposit slip or copy of a bank statement printout.

To enable your savings to be credited to your bank account, you must provide details of a personal account in your name. Business accounts, family trust accounts and accounts of another person will not be accepted.

PAYMENT DETAILS FOR COMPLYING FUND MEMBERS (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 Member and Complying Employer Account be transferred to the following complying superannuation fund or KiwiSaver 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 to Complying Fund Rules.

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.

Signature of Member*

Date / /

*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 ☐ Resignation ☐ Ill-health/Medical release (CDF approval is required) – Category A/C only (see Step 7)
- ☐ Retirement ☐ Total and Permanent Disablement
- ☐ 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)

Date / /

Unit

Contact Number

STEP 6 – HQ NZDF USE

NZDF Section Officer (SO Super)

Date / /

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 (name of member) has been medically released from Service and I authorise an Ill-Health benefit be paid.

Signed on behalf of the CDF

Date / /

Completion of this form will enable Mercer (N.Z.) Limited as manager to pay the benefit for which a member qualifies. In the case of death or total and permanent disablement certain proofs may also be required. Details will be given when Mercer (N.Z.) Limited receives this form for the member concerned.

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