

IS&P New Zealand Retirement Fund

Retirement Benefit Form

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APPLICATION

PLEASE PRINT IN BLOCK LETTERS

EMPLOYEE'S DECLARATION

To: Global Pensions (Trustees) NZ Ltd
as trustee of IS&P New Zealand Retirement
Fund.

I, the undersigned, certify that I am an Allocation/
Discretionary Class Member of IS&P New Zealand
Retirement Fund ("the Fund").

My Employer is:

("my Employer") who can be contacted as follows:

I have retired/am retiring from employment with my
Employer/the workforce (cross out whichever is
inapplicable). My retirement was/is effective from:

Consequent upon my retirement, I wish to claim the
following benefits from the Fund:

To be remitted to the following bank account details:

Bank Name & Address

Account Name

Bank Branch/Account No

Bank Swift Code

For further details or information, please contact:

Name

Address

Contact Number

Dated this _____

Day of _____ Year _____

Signature of Claimant

Name of Claimant (in print)

EMPLOYER'S DECLARATION

I hereby confirm that:

has retired from:

Signature of Employer (Director)

Director's Name (in print)