Beca Super Scheme/BGSP – Withdrawal Form (Deferred Withdrawal Facility)

Please complete all sections and return the completed form to the Administrator at becasuper@mjw.co.nz

Section A - Men	nber De	tails				
Title :	Mr	Mrs	Miss	Ms	Other	Please Specify
Given name(s):						
Family name:						
Current address:		Street			Suburb	
		City		Postcode	: C	ontact Tel No:
IRD number:						
Personal email:						
Section B – Bar	nk Detai	ls				
Please deposit my total Scheme balance into the following bank account* held in my name:						
Bank name and branc	.h.					
Bank account number						
	•					
Account name:						
		details (copy of	of bank statement	t or pre-printed o	leposit slip) sho	wing your name and account number ¹ .
Amount of Withdrawal						
² The minimum withdrawal amount is \$5.000. If you wish to withdraw all of your balances write "All Funds" in the amount box. If you are withdrawing all of your balance there may be a delay in payment while the investment returns are finalised. Please contact the administrator to discuss timeframes.						
Section C – Dec	claration	1				
I have attached my pro	oof of bank	account and	identification:			
ID^3	Bank Acc	count details ²	2			
³ Identification (ID) may b	e a copy of	your driver's li	cence or your pas	ssport.		
I declare the above inf	ormation to	be true and	correct.			
Name:			Signature:			Date:
Important: please retain a copy of this form for your records.						

Notes

- If you need any assistance in completing this form, please contact the Scheme Administrator on 09 980 0531 or by email at becasuper@miw.co.nz
- Payments are subject to confirmation from Beca Payroll of the reason for (and the date of) your ceasing Service.
- The Scheme Administrator will contact you directly if any further information is required.