Beca Super Scheme – First Home Withdrawal

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

Member Detai	ils						
Title :	Mr	Mrs	Miss	Ms	Other	Please Specify	
Given name(s):							
Family name:							
Current address:	Stre	et		Suburb			
	City			Postcode	:	Contact Tel No:	
Employee number:							
Email:							
Application to make a withdrawal I wish to make a withdrawal from the Beca Super Scheme of (please tick one box) *(specify amount) OR Maximum available amount my Locked in Balance and my Savings Account *By Law, the maximum amount payable is the sum of your Locked-in Balance and Savings accounts INCLUDING your Government Contributions Amount, if any, subject to leaving a minimum balance of \$1,000 in the Scheme. The payment will only be made to your solicitor named below. The withdrawal is to purchase a property and I declare that (please tick appropriate box): I have not previously held an estate in land: I have previously held an estate in land and attached a notice from Housing New Zealand that I am an eligible person to make a withdrawal from the Beca Super Scheme. I have been a member of a KiwiSaver or complying superannuation fund for at least three years. The property is intended for my principal place of residence and I have not previously made a withdrawal from a KiwiSaver or complying superannuation fund for first home purchase,							
my Savings Account	Applicant, solem t in the Beca Su	per Scheme wi	ll be applied	in the purch	ase on the	wn from my Locked-in Balance and/or property set out above. rtue of the Oaths and Declarations Act	
Declared at			4h:-		dov of	20	
Declared at	(location)		this	•	day of	20	
	,						
						[Insert stamp here]	
	Peace, Solicitor of take a statutor		1				

For your solicit	or to complete								
Name:		Telephone:							
Postal Address:	Street	Suburb	city	postcode					
Settlement date:									
Name of Trust Accou	nt:								
Bank name and branc	ch:								
Bank account numbe	r:								
Please also attach a copy of deposit slip									
by and in the name of receipt of the member	nount withdrawn from the Beca Super S i the above member. I/we also agree the r's benefit payment from the Beca Super member's benefit in the Beca Super S	at if payment is not made to to Scheme, I/we undertake to	he vendor within	3 months of the					
Name:	Signature:		Date:						
Important: please retain a copy of this form for your records.									
Return completed f	orm and supporting documents to:								
Melville Jessup Weaver, P O Box 4014									
Attention: Karen Vernon									
	Email: beca.super@mjw.co.nz								