



# Ports Retirement Plan

To the Administration Manager

I, \_\_\_\_\_  
of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member's full name

address

email

phone number

member number

I hereby direct the Trustee that my balance shall be withdrawn as shown:

<b><u>Option 1 :</u></b> Partial Withdrawal	\$ _____
<b><u>Option 2 :</u></b> Total Withdrawal	\$ _____
_____ (my signature)	____ / ____ / ____ (date)

Please:

- Select** either Option 1 or Option 2, complete, sign and date;
- Attach** your pre printed deposit slip of your NZ bank account or NZ bank statement, so that we can pay directly into your bank;
- Post to** The Administration Manager, Ports Retirement Plan, P O Box 11330, Wellington 6142, or ;
- Courier to** The Administration Manager, Ports Retirement Plan, Level 5 Simpl House, 40 Mercer Street, Wellington 6011.