Ports Retirement Plan

To the Administration Manager

I, _____ (full name)

of _____ (address)

_____

_____

_____ (member number)

Wish to withdraw:

Part withdrawal Amount: $_____

(Minimum $5,000)

Full withdrawal: ☐

Bank account number ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

Bank Branch Account number Suffix

PLEASE PROVIDE CODED DEPOSIT SLIP

_____ ____ / ____ / ____

(Signature) (date)

(Please attach a deposit slip of your NZ bank account that you want the money paid into).
Please post to:
The Administration Manager
Ports Retirement Plan
P O Box 11330
Wellington 6140