OPUS | Downer
Retirement Scheme

BENEFIT REQUEST FORM

Member Details

Name:			
Member No:		Branch / Group:	

Termination Details

Date of Termination: _____/_____/_____

Permanent Incapacity		Leaving Service / Resignation	
Redundancy		Retirement (Normal / Early)	
		Death	

I would like to have my benefit paid to me as a cash lump sum amount ☐ Yes ☐ No

I would like to retain my benefit in the Scheme as a deferred member for up to 5 years: ☐ Yes ☐ No

Payment Details

Bank Account No: ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

Address for payment advice: _____

_____

_____

Contribution Details

	From Member $	From Employer (net of ESCT) $
Contributions last paid to MJW prior to termination:		
These were for pay period ending _____/_____/_____	_____	_____
Contributions still to be paid to MJW for all later pay periods:	_____	_____

Member and Employer Authorisation

Member's Signature: _____ Date _____/_____/_____

Employer Representative: _____ Date _____/_____/_____

Please send the completed form to the Administration Manager at the address below.

Administration Manager
Melville Jessup Weaver

PO Box 11330
Wellington 6142
Ph 0800 728 370
E mary.garner@mjw.co.nz
W www.workssuper.org.nz

OPUS Downer