

**WITHDRAWAL REQUEST FORM**  
(Deferred Members Only)

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

**Please select one of the following options:**

**Option One – Full Withdrawal**

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**Option Two – Partial Withdrawal \***

\$.....

**\* If your account balance is split between the Balanced Fund and the Cash Fund please use the boxes below to show from which fund you would like to take the withdrawal:**

**Balanced Fund**

 %

**Cash Fund**

 %

**Bank Account Number**

**Please supply a pre-printed deposit slip or other confirmation from your bank of your account number**

**Address for payment advice:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number**

\_\_\_\_\_  
\_\_\_\_\_

**Member's Signature:** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Partial Withdrawal Conditions for Deferred Members**

- a maximum of four withdrawals each Scheme year (1 July to 30 June)
- a minimum amount per withdrawal of \$2,000, and
- a minimum remaining balance after a withdrawal of \$5,000.

**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@mjlw.co.nz  
**W** www.workssuper.org.nz