

SuperLife Superannuation Master Trust New Zealand Rugby Players Early Retirement Approval Form



Please return this completed form to superlife@superlife.co.nz or post to: SuperLife Superannuation Master Trust, PO Box 105262, Auckland 1143. For any questions, please call us on 0800 27 87 37 or +64 9 375 9800 if you're calling us from overseas.

SECTION 1: PERSONAL DETAILS

Member number

Scheme name

New Zealand Rugby Players Superannuation Plan

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
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First name

Surname

Home phone

Work phone

Mobile

Email

Home address

Street address	
Suburb	
Town/city	
Country	Postcode

SECTION 2: DIRECTION TO TRANSFER

Subject to the rules of the Trust Deed for the SuperLife Superannuation Master Trust and the Admission Deed that govern the Member's membership, we direct that funds be transferred to the Member Voluntary Contribution Account, as follows:

Please tick

	Amount
<input type="checkbox"/> Regular Contribution Account	\$ <input type="text"/>
<input type="checkbox"/> NZRU Contribution Account	\$ <input type="text"/>

SECTION 3: DECLARATION

The NZRU declares that the Member is eligible for an early retirement benefit as set out in the Admission Deed that governs the Member's membership. The NZRU confirms that the Member:

- is younger than 34
- is not on a Player Contract
- is unlikely to ever in the future be on a Player Contract and
- has satisfied any additional criteria set by the NZRU.

**Signed on behalf of the NZRU by an
Authorised Officer**

Print

Name

Title

Date

D	D	M	M	Y	Y	Y	Y
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