Naoero Super – Withdrawal of Benefits

Use this form:
To advise SuperLife that a member is eligible and wishes to withdraw from the Naoero Super scheme. The form should be completed and sent to the Naoero onshore representative as soon as the termination date of employment is known. The employee does not need to leave before it is sent. If unemployed, the form can be sent after the 55th birthday. It is important that all contact phone number and email are provided in case clarification is required.

Send completed form to the Naoero representative, who will finalise and forward to SuperLife for processing and payment.

SuperLife number | | | | | | | |

Member details

Name: _____ Date of Birth: *day / month / year*

Address: _____ *Postcode:* _____ Phone/Mobile: _____

Email: _____

Please enclose evidence of the bank account details including your address (For Naoero residents, "district name, Republic of Naoero" is sufficient), such as a scanned/ printed bank statement. The bank account must be in the name of the member or nominated beneficiary or evidence provided as to why not possible.

Bank account: | | | | | | | | | | | | | | | | | |

I request for $: _____ or total to be paid to the account above (via the Naoero Super scheme trustees as necessary) as soon as possible. Applicant Signed: _____ Date: _____ *day / month / year*

Employer to complete – not required for voluntary balance withdrawal or if unemployed

The above employee is leaving on: *day / month / year*

As a result of *(tick one)*

☐ Resignation (NERF only) ☐ Retirement (after 55) ☐ Other: _____

Final contribution deductions

Date of final pay deductions: *day / month / year* For pay period ending: *day / month / year*

Amount of final deductions: $ _____

Authorised officer of employer

Name: _____ Position: _____

Employer name: _____ Contact Phone: _____

Contact email: _____

I confirm on behalf of the employer, that the member and employer information is true and correct

Employer signature: _____ Date: *day / month / year*

☐ Eligible ☐ ID presented ☐ Bank evidence ☐ Address ☐ Beneficiary or ☐ Individual ☐ Approved to pay

NAOERO TRUST BOARD OF APPROVAL (must be signed by any two signatories)

Signatory (1): _____ Date: *day / month / year*

Signatory (2): _____ Date: *day / month / year*