

Nauru Super – Withdrawal of Benefits

Use this form:

To advise SuperLife that a member is eligible and wishes to withdraw from the Nauru Super scheme. The form should be completed and sent to the Nauru 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 Nauru representative, who will finalise and forward to SuperLife for processing and payment.

SuperLife number

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Member details

Name: _____ **Date of Birth:** / /
Address: _____ *Postcode:* _____ **Phone/Mobile:** _____
Email: _____

Please enclose evidence of the bank account details including your address (For Nauru residents, “district name, Republic of Nauru” 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:

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I request for \$: _____ or total to be paid to the account above (via the Nauru Super scheme trustees as necessary) as soon as possible.

Applicant Signed: _____ **Date:** / /

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

The above employee is leaving on: / /

As a result of (tick one)

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

Final contribution deductions

Date of final pay deductions: / / For pay period ending: / /

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:** / /

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

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

Signatory (1): _____ **Date:** / /

Signatory (2): _____ **Date:** / /

