

To be attached to a SuperLife Superannuation Master Trust Withdrawal Request Form. Please return this completed form together with any supporting evidence 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 TO COMPLETE

Member number

Plan name

Member's full name

SECTION 2: PATIENT DETAILS

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 names

Surname

Home address

Street address

Suburb

Town/city

Country

Postcode

Note to Doctor/Specialist: The person named in Section 1 is a member of the SuperLife Superannuation Master Trust ("Scheme"). The member has applied to make a withdrawal from the Scheme on grounds of their total and permanent disablement/serious illness and as such is required to provide us with evidence of their total and permanent disablement/serious illness.

SECTION 5: MEDICAL DECLARATION

I certify that:

1. I am a health practitioner registered with either the Medical or the Nursing Council of New Zealand and the assessment covered by this certification is within my scope of practice.
2. The answers given in 2–4 are true and correct.

Doctor/specialist's signature

Date

D	D	M	M	Y	Y	Y	Y
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Important: When returning this form, please also attach copies of any other relevant medical/hospital reports and test results.