



New Zealand Retirement Trust (NZRT)

Leaving employment form

Please send this completed form and supporting documents to:

Email workplaceadmin@amp.co.nz
or

NZRT Customer Services
Freepost 170, PO Box 55
Shortland Street, Auckland 1140

*These fields must be completed

Use this form if you're an employer needing to tell us that an employee is leaving (or is about the leave) employment with you.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed your details, print, sign and send the form and any supporting documents to the address above.

If you would like any help or have any questions when completing this form, please contact your Adviser or call Customer Services on 0800 800 267. A disclosure statement is available from your Adviser on request and free of charge.

(a) Member personal details – Please ensure all boxes are fully completed to assist processing

Member number:

*Date Left/Leaving Employment:

Member's date of birth:

*Member's first names:

*Member's surname:

*Member's postal address:

Postcode:

Member's home phone:

Member's mobile phone:

Member's email:

Employer's name:

Plan name:

(b) Reason for leaving

Please tell us why the member is leaving employment with you.

☐ Retirement ☐ Resignation ☐ Redundancy ☐ Ill health ☐ Misconduct ☐ Death

(c) Entitlement to employer account

*Please tell us the percentage of the employer account to be transferred to the member's member account.

☐ As per the Benefits Schedule

or (use this option where there is discretion to pay more than is specified in the Benefits Schedule)

☐ Other (please specify) % of the employer account

The member's leaving entitlement will be based on the contributions received by the Trustee.

(d) Contributions*

Tick one of the following:

☐ Final contributions due in relation to the member have already been sent to the Trustee on

Date:

or

Date:

☐ A direct credit is due on

The balance of contributions due in relation to the member is made up as follows:

Member	Employer	Voluntary	Salary sacrifice
\$	\$	\$	\$

Note: Final benefits will not be paid or transferred to the My Super section of NZRT until these funds have been applied.

Any contributions received after the date above will be refunded to the employer.

Please make sure you sign the form over the page in section (e)

(e) Authorisation by employer

I certify the information above is true and correct.

*Employer's signature:

SIGN HERE

*Date:

D	D	M	M	Y	Y	Y	Y
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Name:

Job title:

*Checklist

Please check you have completed the form correctly

- ☐ Have you completed all fields with an *?
- ☐ Have you signed in section (e)?