

REQUEST TO WITHDRAW DEFERRED BENEFIT

To : The Fund Director
 Waterfront Industry Superannuation Fund
 P O Box 27-201
 Wellington

I, _____ (full name)

of _____ (address)

_____ (member number)

hereby request that you pay me on 15th / 30th _____ (date)
(delete one)

Either

Option 1 - Part Withdrawal

Total = B + C	B - Balanced Fund	C - Conservative Fund
\$ _____ (Minimum \$5,000)	\$ _____	\$ _____

Or

Option 2 - Full Withdrawal

Please send me a discharge form so that I can close my account and withdraw the full value of my deferred benefits.

_____ (signature)

- Please**
- Select either Option 1 or Option 2.
 - Send the form to the Fund at least two weeks prior to the requested payment date.
 - Unless the Fund already has your bank account details - send a deposit form so that we can pay the benefits directly into your bank account.