

# NZ RDA Member Superannuation Plan Fisher Funds LifeSaver Plan - DHB Member Transfer Form

If you would like help in completing the form, please phone **09 526 0280**.

You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to **NZ RDA PO Box 11 369, Ellerslie, Auckland 1542** or email to **superannuation@nZRda.org.nz**.

As a member of the NZ RDA Member Superannuation Plan I have transferred to a new District Health Board and wish my contributions and those of my employer to the Plan to continue. My details are indicated below.

## Section 1: Your Details

Your Member Number

        

Title

First Name/s

Surname

If you have changed address, please provide your updated details below

Physical Address

City

Country

Postcode

Mailing Address (if different to above)

City

Country

Postcode

Home Phone

 ( )

Work Phone

 ( )

Mobile

 ( )

Email Address

## Section 2: District Health Board

New District Health Board

Effective from

 / /

Members Signature

Date

 / /

### Section 3: Contributions

Please complete either the percentage of annual salary or the \$ amount each pay day.

	Percentage of annual salary	\$ amount each pay day
Investor contribution	<input type="text"/> %	<input type="text"/> \$
Voluntary contribution	<input type="text"/> %	<input type="text"/> \$
Salary sacrifice	<input type="text"/> %	<input type="text"/> \$
<b>Total</b>	<input type="text"/> %	<input type="text"/> \$

### Section 4: Authorised NZ RDA Signature

Signature

Date