

NZ RDA Member Superannuation Plan Fisher Funds LifeSaver Plan Location 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 location and wish my contributions and those of my employer to the Plan to continue. My details are indicated below.

Section 1 – Your details

Title	First name and middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Physical address

City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing address (if different from above)

City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home phone	Business phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

Member number

Section 2 – Location

New location	Effective from
<input type="text"/>	<input type="text"/>

Members signature	Date
<input type="text"/>	<input type="text"/>

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"/> \$
Total	<input type="text"/> %	<input type="text"/> \$0

Section 4 – Authorised NZ RDA signature

Signature

Date