

# 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

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

Physical address

City  Country  Postcode

Mailing address (if different from above)

City  Country  Postcode

Home phone  Business phone  Mobile

Email address

Member number

## Section 2 – Location

New location  Effective from

## 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"/> %	or	<input type="text"/> \$
Voluntary contribution	<input type="text"/> %	or	<input type="text"/> \$
Salary sacrifice	<input type="text"/> %	or	<input type="text"/> \$
<b>Total</b>	<input type="text"/> %	or	<input type="text"/> \$

## Section 4 – Investor declaration

I have provided my Fisher Funds LifeSaver Plan (LifeSaver) account number to the payroll team at my new employment location so that they can commence contributions to my LifeSaver account.

I confirm that the information I have given in this form is true and correct.

Signature

Date

## Section 5 – Authorised NZ RDA signature

Signature

Date