

INDIVIDUAL RETIREMENT PLAN

Change in Member Details

Please use BLOCK letters. Complete the appropriate section in full and return to the address show adjacent.

*The Administration Manager
Individual Retirement Plan
Mercer (N.Z.) Limited
P O Box 1849
Wellington*

*Telephone: 0800 477 111
Direct Line: 04 890 7000
Fax: 04 914 0434*

- **Name: Mr/Mrs/Miss/Ms**
Surname *Given Names.*
- **Contract Number:** *(if known)* **Date of Birth**/...../.....

PART A – CHANGE OF NAME:

- **Former Name:**
- **New Name:**

PART B – CHANGE OF EMPLOYMENT DETAILS:

- **Former Employer:**
- **New Employer:**
- **New Contact Address:** *(all correspondence concerning your Plan membership will be sent to this address):*
.....
.....

- **Contributions:** *(please tick one)*
 Contributions will be deducted from my salary and forwarded by my employer
 I wish to make future contributions via direct debit from my personal bank account
(a Direct Debit Authority will be forwarded to you if required)

- **Monthly Administration Fee:**
Unless Mercer receives advice that your employer is prepared to meet the cost of your share of Plan administration fees, these will be deducted from your Member Account.

PART C – OTHER CHANGE:

- Please provide details of any other change.
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I certify that the above details are correct and request that the Plan records be altered accordingly.
I understand that the personal information about me is collected and held to enable the operation of the Plan, and that I can request access to it and to have it corrected. The information will be held at 109 Featherston Street, Wellington. I authorise the Administration Manager to use this information for the purpose stated above and to disclose it to any other agency appointed by the Trustees to assist with the ongoing administration of the Plan.

SIGNED **DATE**/...../.....

Mercer Use:	
Date Received/...../.....	Date Actioned/...../.....