

Leaving service form (to be completed by employer)

Aon Master Trust

This form is to be completed by the employer when a staff member is leaving the employer's service. Once we receive the completed form we will send the member the relevant leaving service forms.

Section A: Member details

Name of employer

Member's title: Mr Mrs Miss Ms Other

Member's given name(s) Member's surname

Member number Member's date of birth / /

Member's postal address Postcode

Member's direct phone Member's date of leaving / /

Section B: Reason for leaving and vesting of Employer's contributions

Resignation Retirement Death

Total and permanent disablement Redundancy

Other (please specify)

For resignation, please advise the share of the employer's section of the member's account to be included (please tick one box)

Standard vesting of employer's section 100% vesting of employer's section

For resignation, please advise if this benefit will include the employer's distribution section (if any) of the member's account (please tick one box)

Yes No

Section C: Contributions to Aon Master Trust

1. Total contributions for the year commencing 1 April 20 <input type="text"/> <input type="text"/> (including 2 below)	\$ <input type="text"/> (Member)	\$ <input type="text"/> (Employer*)
2. Contributions due in the next payroll but not yet paid for pay period(s) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>	\$ <input type="text"/> (Member)	\$ <input type="text"/> (Employer*)

* Please show net of ESCT (if any)

Note that no benefit payment will be made until the administrator has received the final member and employer contributions.

Section C: Privacy statement

The information you are providing in this form is being collected for the main purpose of effectively administering and managing the member's Aon Master Trust account in compliance with all relevant law. If you do not provide us with the member's personal information, we may not be able to process the member's withdrawal application. The information may be used by, and disclosed to, the Trustee, the Administration Manager, Administrator, any insurer, or other entity involved in the administration and management of the Scheme (including Inland Revenue and any regulatory body) and other Aon Group Members.

The information is being collected by the Trustee (Superannuation Management Nominees Limited) whose address is Level 16, AMP Centre, 29 Customs Street West, Auckland and will be held by Link Market Services Limited at Level 11, Deloitte Centre, 80 Queen Street, Auckland. Members can request access to their personal information and can ask to correct that information by calling 0800 266 268.

D: Employer's authorisation

Full name

Designation/title

Signature

Date / /

Remarks

Please return the completed form and documentation by email to amt@linkmarketservices.com, or post to:

Aon Master Trust, PO Box 332, Shortland St, Auckland 1140