

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

Section 4: Authorised NZ RDA Signature

Signature

Date