

## Leaving Service Form (to be completed by Employer)

### Lifetime 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 email

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 Lifetime Master Trust

1. Contributions due in the next payroll but not yet paid \$  \$   
for pay period(s)  /  /  (Member) (Employer)\*  
Date direct credit due  /  /  \* Please show net of ESCT (if any)

2. Final contributions sent on  /  /

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

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## Section D: Privacy statement

The personal information you are providing in this form (or in connection with this form), is being collected for the main purpose of effectively administering and managing your Lifetime Master Trust account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your contribution or withdrawal. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you (including from our parent company Lifetime Asset Management Limited). The information may be used by, and disclosed to the Manager and Trustee (Lifetime Trustee Limited), the Administration Manager, or other entity involved in the administration and management of the Lifetime Master Trust (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

You agree that this information may be collected, held and disclosed for these purposes. The information is being collected by the Manager (Lifetime Trustee Limited), whose address is **Lifetime Master Trust, PO Box 91976, Victoria Street West, Auckland 1142**, and will be held by Link Market Services Limited who you can contact at **PO Box 91976, Victoria Street West, Auckland 1142**. You can request access to your personal information and can ask that it is updated by calling **0800 266 268**.

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## E: Employer's authorisation

Full name

Designation/title

Signature

Date  /  /

Remarks

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

**Lifetime Master Trust, PO Box 91976, Victoria Street West, Auckland 1142**

If you have any questions about completing this form, call **0800 266 268** or email **lifetime@linkmarketservices.com**.