NZFUNDS KIWISAVER SCHEME

Preferred KiwiSaver Provider

KiwiSaver Poua he Oranga

Complete and return to: Freepost NZ Funds KiwiSaver Scheme, Private Bag 92163, Auckland 1142, or email: *info@nzfunds.co.nz*

1 | Employer

Employer IRD number

Number of employees

Company name

Trading name (if relevant)

Postal address

PO Box/street

Suburb | Town / city | Postcode

Street address (if different to postal address)

Street

Suburb | Town / city | Postcode

Contact name

First name | Surname

Contact title

Contact phone number

Contact email

Continued over...

2 | KiwiSaver adviser (if relevant)

Adviser name

First name | Surname

Adviser phone number

Adviser email

3 | Agreement

The company appoints the NZ Funds KiwiSaver Scheme as its Preferred KiwiSaver Provider. It agrees to comply with its obligations under the KiwiSaver Act 2006 and the KiwiSaver Regulations including ensuring new employees who have not made an active KiwiSaver Scheme choice are automatically enrolled and receive a copy of the NZ Funds KiwiSaver Product Disclosure Statement.

By signing this form, you authorise New Zealand Funds Management Limited to provide notice to the Commissioner of Inland Revenue. Your choice of the Scheme will be effective from the date that notice is accepted by the IRD.

Please note, selecting NZ Funds as your preferred KiwiSaver provider does not automatically enrol your existing employees into the NZ Funds KiwiSaver Scheme. All employees continue to have the right to choose whichever KiwiSaver Scheme they wish.

Signature

Day Month Year

Name of signatory