



New Zealand Harbours Superannuation Plan

Application form

To: - the Trustees, New Zealand Harbours **Superannuation Scheme ("the Scheme")**
- my employer

Full Names: Mr / Mrs / Ms / Miss
Surname First names (Please print)

Date of birth IRD Number

Tick your Prescribed Investor Rate: 28% or 17.5% If neither option is selected then 28% applies.

1. I apply to join the Scheme, and I confirm that I have received a copy of the Investment Statement.
2. I elect to contribute % of my taxable pay.
3. I elect to contribute a further % of my taxable pay as an additional voluntary contribution.
4. I authorise my employer to deduct my elected contributions from my pay.
5. I nominate the following as possible recipients of the lump sum death benefit.

Name	Relationship	% of benefit
.....		
.....		

I understand that my nomination is given for the information of the Trustees only, and does not in any way affect or restrict any power of discretion of the Trustees to pay benefits as they see fit. I also understand that I can change my nomination at any time.

6. I am / am not (please delete one) a current contributor to the National Provident Fund National Scheme or a current member of the National Provident Fund Standard Scheme for Local Authorities.
7. I authorise my Employer to disclose any personal information to the Trustees of the Scheme that may be necessary for the administration of my Scheme benefits.
8. I authorise the Trustees of the Scheme to disclose any personal information to the administrator, insurer or adviser to the Scheme that may be necessary for the administration of my Scheme benefits.

Signature of Applicant: Date:

Please attach a copy of your birth certificate or passport and return the completed form to your employer.

Employer to Complete	
Name of Employer	Date joined Employer / /
Weekly rate of basic pay at joining \$.....	Date joined Scheme / /
Signature of Employer	

Secretary to the Trustees

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Administration Manager

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