



New Zealand Harbours Superannuation Plan

Application form

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

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

Home Address

.....
Postcode

Phone Number Email address

Date of birth IRD Number

Tick your Prescribed Investor Rate: 30% or 19.5% If neither option is selected then 30% applies.

I apply to join the Scheme, and I confirm that I have received a copy of the Investment Statement.

I elect to contribute % of my salary. (Please indicate 2%, 4% or 8%).

I nominate the following as possible recipients of the lump sum death benefit.

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

I understand that the above 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.

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.

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:

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