

SCHEME TRANSFER FORM

Title (Mr) (Mrs) (Ms) (Miss)	Date of Birth dd/mm/yy
Surname	First Names
Home Address	Postcode
Postal Address (if different from above)	Postcode
Email Address	
Telephone []	Your IRD number
Are you an existing KiwiSaver member? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide your existing KiwiSaver details:
Name of provider	SuperEasy member number
Tick your Prescribed Investor Rate: (a) 28% <input type="checkbox"/> or (b) 17.5% <input type="checkbox"/> or (c) 10.5% <input type="checkbox"/> If no option is selected then option (a) applies.	
Employer's name	
Employer's address	
Employer's IRD number	Date commenced employment

I apply to become a member of the Scheme as set out below as from _____ and agree to abide by the Trust Deed, and confirm that I have received a copy of the Product Disclosure Statement dated 1 March 2017.

I hereby apply to withdraw, from the date of transfer, and cease my membership from SuperEasy and transfer all my benefit entitlements into SuperEasy KiwiSaver Superannuation Scheme. **OR**

I apply to transfer \$ _____ from my SuperEasy account into SuperEasy KiwiSaver Superannuation Scheme.

I wish to commence my contributions into the Scheme as set out in the table below:

Scheme	Tick Choice of Scheme	Employee Contribution		Employer Contribution	
		% of Earnings	or \$ Amount	% of Earnings	or \$ Amount
SuperEasy KiwiSaver Superannuation Scheme			X		X

I elect to invest my contributions as follows:

Automatic Fund <input type="checkbox"/> %	Aggressive Fund <input type="checkbox"/> %	Conservative Fund <input type="checkbox"/> %
Growth Fund <input type="checkbox"/> %	Balanced Fund <input type="checkbox"/> %	

I authorise my employer to deduct my contributions (if any), and as agreed with my employer, from my pay in accordance with the rules of the Scheme(s). **OR**

I will provide my bank with a completed automatic payment authority form and the payments will not be less than \$520 per annum.

I hereby authorise my Employer, the Trustee of the Scheme(s), and any Administration Manager to provide and disclose to any persons information held by the Trustee about me for any reasonable purpose relating to the operation and administration of the Scheme(s) and the payment of benefits therefrom.

I agree to the Administration Manager communicating with me, and providing me with information (including commercial electronic messages and legally required communications or documents) by electronic means (including by email, and through accessing the Schemes' website).

I confirm that, having read the eligibility criteria in the "Who May Join?" section of the Product Disclosure Statement, I am eligible to join the Scheme. Please tick

Signed _____ Date _____

Accepted _____ Date _____

for and on behalf of the Trustee