



SCHEME TRANSFER FORM

Wish to commence my contributions into the Scheme as set out in the table below: Scheme Tick Choice of Scheme Employee Contribution Employer Contribution SuperEasy KiwiSaver Superanuation Scheme or \$ Amount % of Earnings or \$ Amount I elect to invest my contributions as follows:	Title (Mr) (Mrs	i) (Ms) (Miss)		Date of Birth dd/mm/yy		J	
Postal Address Postcode Telephone [] Your IRD number Are you an existing Kiw/Saver member? Yes No If yes please provide your existing Kiw/Saver details: Name of provider Superfazy member number? In option is selected then option (a) applies. Employer's name Employer's name Employer's IRD number	Surname			First Names			
iddematiser above) PostCode Email Address	Home Address				Postc	ode	
Telephone [1 Your IRD number Image: SuperSay member number Are you an existing Kiw/Saver member? Yes No If yes please provide your existing Kiw/Saver details: Name of provider SuperSay member number Image: SuperSay member number Image: SuperSay member number Tick your Prescribed Investor Rate: (a) 28% or (b) 17.5% or (c) 10.5% if no option is selected then option (a) applies. Employer's address Employer's address Image: SuperSay Micro Say					Postc	ode	
Are you are existing KiwiSaver member? Yes No If yes please provide your existing KiwiSaver details: Name of provider SuperEasy member number If no option is selected then option (a) applies. Employer's ame Employer's address If no option is selected then option (a) applies. Employer's address Employer's address If no option is selected then option (a) applies. Employer's MBD number	Email Address						
Name of provider SuperEasy member number Tick your Prescribed Investor Rate: (a) 28% or (b) 17.5% or (c) 10.5% if no option is selected then option (a) applies. Employer's name Employer's address Employer's address Employer's IRD number I apply to become a member of the Scheme as set out below as from and agree to abilde 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 Kiw/Saver Superannuation Scheme. OR apply to ransfer 1 my benefit entitlements into apply to ransfer 5 from my SuperEasy account into SuperEasy Kiw/Saver Superannuation Scheme. OR apply to starter 5 from my SuperEasy account into SuperEasy Kiw/Saver Superannuation Scheme. Scheme Tick Choice Employee Contribution Employeer Contribution of Scheme 3 set out in the table below: Scheme Tick Choice Employee Contribution Employeer Contribution of Scheme 3 set out in the table below: Scheme Tick Choice Employee Contribution of Scheme 3 set out with a completed automatic payment authority form and the payments will not be less than \$520 per annum. Interview of Scheme 3 set out with a completed automatic payment authority form and the payments will not be less than \$520 per annum. I ull provide my bank with a completed automatic payment authority form and the payments will not be less than \$520 per annum. Intereby author	Telephone []			Your IRD number	Your IRD number		
Tick your Prescribed Investor Rate: (a) 28% or (b) 17.5% or (c) 10.3% If no option is selected then option (a) applies. Employer's name Employer's address Employer's IRD number	Are you an existing KiwiSaver member? Yes No			If yes please provide y	If yes please provide your existing KiwiSaver details:		
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Employer's IRD number	Employer's name						
I apply to become a member of the Scheme as set out below as from (Employer's address						
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 S from my SuperEasy account into SuperEasy KiwiSaver Superannuation Scheme. Scheme Tick Choice Employee Contribution Employee Contribution of Scheme % of Earnings or S Amount % of Earnings or S Amount SuperEasy KiwiSaver Superannuation Scheme U & Aggressive Fund % Conservative Fund % % of Earnings or S Amount SuperEasy KiwiSaver Superannuation Scheme % Balanced Fund % Conservative Fund % % Growth Fund % Balanced Fund % % I automatic Fund % Balanced Fund % % I automatic Fund % 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 communications or documents) by electronic means (including by email, and through accessing the Scheme(s) and the payment of benefits therefrom. I agree to the Administration Manager communications or documents) by electronic means (including by email, and through accessing the Scheme(s) and the payment of benefits therefrom. I agree to the Administration Manager communications or documents) by electronic means (including by email, and through accessing the Scheme(s) and the payment of benefits therefrom. I am eligible to join the Scheme. Date	Employer's IRD number			Date commenced em	ployment		
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Growth Fund % Balanced Fund % 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	SuperEasy KiwiSaver						
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