BNZ KiwiSaver Scheme

Employer-chosen scheme Form

This form is to be used by employers who wish to make the BNZ KiwiSaver Scheme their employer-chosen KiwiSaver scheme.

It is important that the information you provide is correct, so please ensure that you complete this form accurately.

By signing this form, you authorise BNZ Investment Services Limited to provide notice to the Commissioner of the Inland Revenue Department (Inland Revenue) that you have chosen the BNZ KiwiSaver Scheme as your employer-chosen KiwiSaver scheme (in accordance with section 47(1)(b) of the KiwiSaver Act 2006). Your choice of the BNZ KiwiSaver Scheme will be effective from the date that notice is accepted by Inland Revenue (or on any later date that is specified in the notice).

The Supervisor and the Manager agree to provide access to the BNZ KiwiSaver Scheme for your employees on the terms and conditions set out in the Product Disclosure Statement, material uploaded to the Scheme and Offer Register and Governing Document governing the BNZ KiwiSaver Scheme.

We, Company name

agree with and accept the terms of this Form.

Postal address

Street address

Suburb

Town/City | Postcode

Physical address (if different)

Street address

Suburb

Town/City | Postcode

Contact person

Contact details

Phone 0

Email

Employer IRD Number

No. of employees

Authorised signatory - 1

Signature

Name

Title

◯ Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Other

Phone 0

Email

Authorised signatory - 2

Signature

Name

Title

◯ Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Other

Phone 0

Email

Send us this completed form by:

› **Scan email:**
kiwisaver.support.team@bnz.co.nz

or

› **Post:**
Freepost BNZ KiwiSaver Scheme
Private Bag 92208
Auckland 1142
New Zealand

or

› return it to your BNZ Partner

(7203) 100904 11-16