

## NEW ZEALAND DEFENCE FORCE KIWISAVER SCHEME **APPLICATION FORM**

If you need help completing this form please call us on **0800 333 787**.

Please print in black or blue pen, in uppercase, one character per box and 

all that apply.

STEP 1 - COMPLETE YOUR PERSONA	AL DETAILS				
Title: Mr  Mrs  Ms  Miss Other		Date of birth DD/M	M/YYYY		
First name	Middle name(s)		Surname		
Gender Male Female					
Residential address		Mailing address (if differen	t from residential address)		
NUMBER STREET NAME		NUMBER STREET NAME			
SUBURB		SUBURB			
CITY POS	STCODE	CITY	POSTCODE		
Telephone					
Mobile		Daytime			
Email					
STEP 2 - YOUR TAX DETAILS					
If you are a New Zealand Defence Force (I member please provide your IRD number I		can complete your IRD numbe	er for you. If you are not a NZDF		
Prescribed Investor Rate (PIR)					
Tick one only: 10.5% 17.5% 28%		IRD number			
If you do not elect a PIR, your investment income v		•			
To work out your PIR, please visit <b>purl.co.nz/pir_n</b> Please note that you must provide us with your IRI		eeks of becoming a Member	of the scheme.		
Otherwise, we are under a legal obligation to close		O .			
STEP 3 - TRANSFERS					
Tick here if you are a member of the Defence F		n Scheme and would like to tra	ansfer your savings to this KiwiSaver account.		
If you're employed, contributions will be deducted					
retired etc) you can make lump sum or regular con Lump sum contributions can be paid directly into t	•	•			
the attached Direct Debit Form.					
STEP 4 - YOUR FUND			0/		
		Cash	<u>%</u>		
You can choose one or more of the investment funds available and enter		Conservative Moderate	%		
the percentage of your savings you		Balanced	%		
want invested in each fund. If you do		Growth	%		
not choose a fund, your savings will be invested in the Balanced fund.		High Growth	%		
Total must add up to 100%.		Shares	%		
			TOTAL EQUALS 100%		
<b>STEP 5</b> – CONFIRM YOUR IDENTITY					
Are you a NZDF member?					
YES - Please provide your NZDF service numb			lease go straight to Step 6)		
NO - Please provide the information requested	at <b>A</b> and <b>B</b> on fol	llowing page.			
Copies of your documents can be certified					
is available on www.nzdfsavings.mil.nz to help complete this step. When confirming your identity please provide photocopies of the appropriate pages containing name, date of birth, photograph and signature.					
To the certifier: The certifier must view the original document(s) (not a fax, photocopy or scan) before writing their Full Name, Occupation,					
Date and Signature and make a statement to	the effect that the do		opy and represent the identity of the named		

individual. Certification is valid for 3 months. For account holders under 18 we also require a scanned or certified copy of their passport or full birth certificate as well as proof of the relationship with the authorised signatory/signatories (for example, a birth certificate or guardianship order).

A NZ / oversea		<u> </u>		
		A NZ firearm		An overseas government national identity card
	certified photocopy of O	NE OT:	_	ONE of:
A NZ / interna  An 18+ card	tional driver's licence			A NZ / overseas birth certificate     A NZ / overseas citizenship certificate
OR OPTION 3 - A	certified photocopy of:			
A New Zealand	d driver's licence	-	-	A SuperGold card or Community Services card
OR OPTION 4 (min	nors only) - A certified p	hotocopy of ONE	of:	
A NZ / oversea	as birth certificate			A NZ / overseas passport
B Confirm your resid	lential address by provid	ling a recent copy	of ONE of th	e following:
Bank statemer	nt	Utility bill		Inland Revenue statement
TEP 6 - SIGN TH y signing this form I:	E DECLARATION			
Statement dated 30 S about establishing an a confirm that I am a me agree to be bound by of the scheme acknowledge that I am New Zealand, and that live in New Zealand indicauthorise the use and to me as may be nece acknowledge that NZI request information from the second to me as may be nece acknowledge that NZI request information from the second that the characteristic in force until I advise the force until I advise the force until I advise the Manage superannuation plan attransfer of funds as specific specific and the second that the characteristic in the second that the second tha	ave received a copy of the september 2022 which co account in the scheme ember of the Defence Core the provisions of the govern present and live (or normal I am a New Zealand citizate definitely disclosure of any person assary for the purposes of DF, the supervisor and the correct, they have the points hoices I have indicated or he Manager otherwise, w	entains information mmunity erning documents mally live) in zen or entitled to tal information relatifies the scheme e manager may formation requested wer to make  In this form will remait the effective dat out my previous to arrange for the	e Elect World the M such Privacy By signi NZDF numb may u and t NZDF inform financ perso respe advice I have th held abo By signi persona and NZI	ommercial electronic messages (as defined in the Unsolicite ronic Messages Act 2007), which messages may also includ I Wide Web uniform resource locator, until such time as I advanager, via the functional unsubscribe facility, to cease send messages.  Authorisation  In this form I agree that: I may provide information, including my IRD number, service er, name and address details to the Manager and the Managuse this information to facilitate my membership of the schene of identify me when administering my account. If the Supervisor and the Manager may share, use and obtain mation about me and my account, and allow third parties, includicial advisers and any parent/guardian, to have access to my anal information to the extent reasonably necessary to meet the cive legal obligations, administer my account, provide financial eror promote to me other products or financial services that mainterest.  I we right to access and request correction of personal information out me.  In this form I consent to the handling and storage of my information. If I do not provide this information, the Manage of may not be able to open my account and/or provide selectent choices.
funds directly into my				
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TELEPHONE

Please send your completed application to: New Zealand Defence Force KiwiSaver Scheme, PO Box 1849, Wellington 6140.

DATE OF BIRTH

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SIGNATURE X

DATE

## NEW ZEALAND DEFENCE FORCE KIWISAVER SCHEME



**INVESTOR DETAILS** 

If you need any help in completing this form please phone us on 0800 333 787

**PAYMENT FREQUENCY** 



Amount (Minimum payment amount is \$10 per fortnight or \$20 per month)	Member name:
Fortnightly (Thursday or the closest possible working day)  Monthly (15th of every month or the closest possible working day)	Membership number:  IRD number:
Please attach proof of your bank account (a bank encoded deposit slip or a Once completed, please post your original form to NZDF KiwiSaver Scheme	
DIRECT DEBIT AUTHORITY	
Name of my bank account to be debited:	Initiator's authorisation code:  0 3 3 3 5 9 3
Name of my bank:	Approved
Name of my bank:  My bank account number:	Approved 09/2018
	3359 09/2018  d Defence Force KiwiSaver Scheme with the rther notice.

## Specific conditions relating to notices and disputes

You may ask your bank to reverse a direct debit up to 120 calendar days after the debit if:

- · You don't receive a written notice of the amount and date of each direct debit from the initiator, or
- · You receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:

- · The dates of the debits, and
- · The amount of each direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 30 calendar days before the change.

If the bank dishonours a direct debit but the initiator sends the direct debit again once within 5 business days of the dishonour, initiator is not required to give you a second notice of the amount and date of the direct debit.