

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	Member number
Tick your Prescribed Investor Rate: (a) 30% <input type="checkbox"/> or (b) 21% <input type="checkbox"/> or (c) 12.5% <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 relevant Investment Statement.

I wish to commence my contributions into the Scheme at:

Employee Contribution % of Earnings	Employer Contribution % of Earnings	Total Contribution Rate

I elect to invest my contributions as follows:

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

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

The SuperEasy KiwiSaver Superannuation Scheme was previously known as the KiwiSaver SuperEasy Superannuation Scheme prior to 30 June 2009.

- I agree
- to receive the Scheme's Annual Report by accessing the report via the Scheme's website www.supereasy.co.nz
 - to receive emails from Civic Assurance keeping me up to date with news about SuperEasy KiwiSaver and SuperEasy.

I confirm that, having read the eligibility criteria in the 'Who May Join?' section of the Investment Statement(s), I am eligible to join the Scheme(s). Please tick

Signed _____ Date _____

Accepted _____ Date _____

for and on behalf of the Trustee