

Title (Mr) (Mrs) (Ms) (Miss)	Date of Birth <small>dd/mm/yy</small> _____
Surname	First Names
Home Address	Postcode
Postal Address <small>(if different from above)</small>	Postcode
Email Address	
Telephone []	Your IRD number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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/s of the Scheme/s, and any Administration and Investment Manager to provide and disclose to any person information held by the Trustee/s about me for any reasonable purpose relating to the operation, administration and investment of the Scheme/s and the payment of benefits therefrom.

- 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/s