

**APPLICATION FORM FOR SCHEME MEMBERSHIP**

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) 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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Date commenced employment

I apply to become a member of the Scheme/s 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/s.

I wish to commence my contributions into the Scheme/s as set out in the table below:

Scheme	Tick Choice of Scheme	Employee Contribution		Employer Contribution	
		% of Earnings	or \$ Amount	% of Earnings	or \$ Amount
SuperEasy KiwiSaver Superannuation Scheme			X		X
SuperEasy					

I elect to invest my contributions as follows:

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

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/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](http://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