

# Preferred KiwiSaver Provider



Complete and return to: Freepost NZ Funds KiwiSaver Scheme, Private Bag 92163, Auckland 1142, or email: info@nzfunds.co.nz  
Please print in BLOCK letters.

## Employer

Employer IRD number

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Company name

Trading name (if relevant)

Postal address

PO Box/Street

Suburb

City

Postcode

Street address (if different to postal address)

Street

Suburb

City

Postcode

Number of employees

KiwiSaver Adviser (if relevant)

## Contact

Name

First name

Surname

Business number

Business email

## Agreement

The company appoints the NZ Funds KiwiSaver Scheme as its Preferred KiwiSaver Provider. It agrees to comply with its obligations under the KiwiSaver Act 2006 and the KiwiSaver Regulations including ensuring new employees who have not made an active KiwiSaver Scheme choice are automatically enrolled and receive a copy of the NZ Funds KiwiSaver Product Disclosure Statement.

By signing this form, you authorise New Zealand Funds Management Limited to provide notice to the Commissioner of Inland Revenue. Your choice of the Scheme will be effective from the date that notice is accepted by the IRD.

Please note, selecting NZ Funds as your preferred KiwiSaver provider does not automatically enrol your existing employees into the NZ Funds KiwiSaver Scheme. All employees continue to have the right to choose whichever KiwiSaver Scheme they wish.

Authorised signatory

Date

D	D	M	M	Y	Y	Y	Y
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Name

Title