



# Application Form SuperLife workplace savings scheme

To apply to join SuperLife workplace savings scheme ("SuperLife") complete and email the form to us at [superlife@superlife.co.nz](mailto:superlife@superlife.co.nz) or by post at P.O.Box 105262, Auckland 1143.

## Your details ("Member")

First names:	
Surname:	
Preferred name:	
Title (Mr, Mrs, Ms, Miss, Dr):	
Date of birth: (dd/mm/yyyy):	
Phone:	
Mobile:	
Email:	
Home address:	
Town/city:	Post code:
Postal address (if different):	
	Post code:

Employer:	("Employer")
Location:	
IRD number: (You must enter your IRD number)	
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Prescribed Investor Rate ("PIR"):	
10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28% <input type="checkbox"/>	
Your PIR will be 28% unless you qualify for a 10.5% or 17.5% rate - see the PIR guide in the Supplement for more information.	
In the last 12 months, have you, any member of your immediate family, or any close business associate, been engaged in a role overseas that was, or is, related to political office or foreign public service?	
<input type="checkbox"/> NO	
<input type="checkbox"/> YES – Country _____	

## Savings

Under your employer's arrangements, you determine the level of your savings as described in the Supplement provided to you with this application form. Your contributions as described in that Supplement are your "Member Contributions" and your "Employer Contributions".

Please complete the attached Contribution Election Form as required.

## Other Savings

If you wish to also use SuperLife for other voluntary savings, you can do this through the SuperLife Invest scheme for which an application form and Product Disclosure Statement is also enclosed. SuperLife Invest has identical investment options as the SuperLife workplace savings scheme but full flexibility in terms of withdrawing funds and setting up voluntary insurances.

## Communications

Statement Frequency:	<input type="checkbox"/> Annually (31 March)	<input type="checkbox"/> Quarterly (default)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
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**Paper Statements Option:** SuperLife's communication material is provided via email, unless you do not provide a valid email address or advise otherwise. Should you wish to receive correspondence including quarterly statements by post, there is an additional fee of \$18 per year, charged in monthly instalments to your account.

Please check this box, if you wish to receive correspondence by post.



## Identity and address verification

To meet the requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we must verify your identity and residential address. We can try to do this electronically, but not everyone can be verified electronically. By completing the information below, you consent to us trying to verify your identity electronically.

**Country of citizenship**

**Vehicle Registration number**  
(if applicable)

Number plate. Only include the plate number if the vehicle is registered in your name.

Complete details for at least one of the following:

**NZ Drivers licence**

NZ Drivers Licence number – The number is printed on your licence under the note '5a'

Card version – The version is printed on your licence under the note '5b'

**NZ Passport**

NZ Passport number – Make sure your name entered at the top of the form exactly matches the name shown on your passport, including middle name(s)

Passport expiry date.

**NZ Birth certificate**

NZ Birth certificate number – Make sure the name entered at the top of the form is your current official name, including middle name(s)

**NZ Citizenship**

NZ citizenship number – Make sure the Country of birth, and your name entered above, exactly match the details shown on the Citizenship Certificate, including middle name(s)

Country of birth

## Investment strategy

Your savings will be invested in the Default strategy described in the Supplement. If you want an alternative investment strategy and it is permitted by the Supplement, please complete an investment option form.

## Transfer of \$1,043 each year to KiwiSaver

If you do not already make regular contributions to KiwiSaver, and if permitted by your employer as described in the Supplement, you can choose to transfer \$1,043 each year to KiwiSaver, so you receive the maximum government-paid member tax credit of \$521.43. The transfer will normally occur in June each year.

Please transfer \$1,043 from my Member Account to my KiwiSaver Account each year. I understand that if I am a Member of SuperLife for KiwiSaver there is no charge for this, but if I am a member of an alternative scheme a \$50 transaction fee applies.

My current KiwiSaver scheme is (complete if it is not SuperLife):



## Your beneficiaries (optional)

Should you die while this membership is active, you may choose to have the benefit payable to be paid to the individuals you nominate, or to a family trust, or to your estate. You can change your nomination at any time by advice in writing to SuperLife, or through the member site if you are a registered internet user. The default option if the below section is incomplete is to your estate.

If I die, the benefit, i.e. my savings and any life insurance, should be paid to (tick one):

My estate (default option)

My family trust. Enter name of trust:

The following people in accordance with the percentages shown:

Title (Mr, Mrs, Ms, Miss)	Name	Date of birth (dd/mm/yyyy)	Relationship	Savings account % share

Total must be 100%

## Privacy Act

This form collects personal information that is needed from you in connection with applying to join SuperLife. All information is being received, collected and held by SuperLife's licensed manager, Smartshares Limited, PO Box 105262, Auckland City 1143 and may be used to provide you with information about other products and services provided by Smartshares Limited. SuperLife may pass this information to the licensed supervisor, administrators, and other third parties as required, to the extent necessary for the purposes of providing and managing your account. You can see and correct this information, subject to the provisions of the Privacy Act 1993.

## Your agreement

I confirm that I have received the SuperLife workplace savings Product Disclosure Statement and apply to join SuperLife.

I authorise my Employer to deduct from my pay each pay day the savings, insurance premiums (as applicable) and associated fees that I choose from time to time, and pay them to SuperLife's licensed manager Smartshares Limited as appropriate. I understand that SuperLife will send me statements and other communication materials by email unless I provide no valid email address or request otherwise, in which case by post. I consent to my identity and address being verified electronically and I authorise you to undertake this.

Your signature:

Date:

(dd/mm/yyyy)



## Employer to complete

I confirm, on behalf of the Employer

Date employee started work with Employer: (dd/mm/yyyy)	Employee number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date application received: (dd/mm/yyyy)	Employee was at work on date application received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee's occupation:	
Employee's current gross annual pay: \$	Pay frequency: (e.g. monthly)
Name/reference of payroll:	
If applicable, Employee's gross taxable income for ESCT: \$	ESCT rate: <input type="text"/> %

## On behalf of employer

Name:
Position:
Contact phone number:
Contact email:
Signature: