



# NEW ZEALAND DEFENCE FORCE KIWISAVER SCHEME APPLICATION FORM

If you need help completing this form please call us on **0800 333 787**.  
Please print in black or blue pen, in uppercase, one character per box and  all that apply.

## STEP 1 – COMPLETE YOUR PERSONAL DETAILS

Title: Mr  Mrs  Ms  Miss  Other  Date of birth   /   /

First name  Middle name(s)  Surname

Gender Male  Female

### Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

### Mailing address (if different from residential address)

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

### Telephone

Mobile

Daytime

Email

## STEP 2 – YOUR TAX DETAILS

**!** If you are a New Zealand Defence Force (NZDF) member we can complete your IRD number for you. If you are not a NZDF member please provide your IRD number below.

### Prescribed Investor Rate (PIR)

Tick one only:  10.5%  17.5%  28% IRD number    -    -

If you do not elect a PIR, your investment income will be taxed at 28%.  
To work out your PIR, please visit [purl.co.nz/pir\\_nzdf](http://purl.co.nz/pir_nzdf).  
Please note that you must provide us with your IRD number within 6 weeks of becoming a Member of the Scheme. Otherwise, we are under a legal obligation to close your account.

## STEP 3 – TRANSFERS

- Tick here if you are a member of the Defence Force Superannuation Scheme and would like to transfer your savings to this KiwiSaver account.
- Tick here if you are transferring from another KiwiSaver scheme.

If you're employed, contributions will be deducted automatically. If you are not employed (self-employed, unemployed, under 18 and not working, retired etc) you can make lump sum or regular contributions into your KiwiSaver account at any time.  
Lump sum contributions can be paid directly into this scheme via online banking. If you would like to set up regular contributions please complete the attached Direct Debit Form.

## STEP 4 – YOUR FUND

**!** You can choose one or more of the investment funds available and enter the percentage of your savings you want invested in each fund. If you do not choose a fund, your savings will be invested in the Balanced fund.  
**Total must add up to 100%.**

Cash	<input type="text"/>	%
Conservative	<input type="text"/>	%
Moderate	<input type="text"/>	%
Balanced	<input type="text"/>	%
Growth	<input type="text"/>	%
High Growth	<input type="text"/>	%
Shares	<input type="text"/>	%
<b>TOTAL EQUALS 100%</b>		

## STEP 5 – CONFIRM YOUR IDENTITY

### Are you a NZDF member?

- YES – Please provide your NZDF service number           (please go straight to Step 6)
- NO – Please provide the information requested at **A** and **B** on following page.

**!** Copies of your documents can be certified by: Justice of the Peace, Solicitor or Notary Public. The Confirmation of Identity Guide is available on [www.nzdf.superfacts.co.nz](http://www.nzdf.superfacts.co.nz) to help complete this step. When confirming your identity please provide photocopies of the appropriate pages containing name, date of birth, photograph and signature.

**To the certifier:** The certifier must view the original document(s) (not a fax, photocopy or scan) before writing their Full Name, Occupation, Date and Signature and make a statement to the effect that the document(s) provided are a true copy and represent the identity of the named individual. Certification is valid for 3 months.

PROVIDE A CERTIFIED PHOTOCOPY OF CURRENT AND VALID DOCUMENTS

**A Confirm your identity by providing:**

**OPTION 1 – A certified photocopy of ONE of:**

- A NZ / overseas passport       A NZ firearms licence       An overseas government national identity card

**OR OPTION 2 – A certified photocopy of ONE of:**



**ONE of:**

- A NZ / international driver's licence       A NZ / overseas birth certificate  
 An 18+ card       A NZ / overseas citizenship certificate

**OR OPTION 3 – A certified photocopy of:**

- A New Zealand driver's licence       A SuperGold card or Community Services card

**OR OPTION 4 (minors only) – A certified photocopy of ONE of:**

- A NZ / overseas birth certificate       A NZ / overseas passport

**B Confirm your residential address by providing a recent copy of ONE of the following:**

- Bank statement       Utility bill       Inland Revenue statement

**STEP 6 – SIGN THE DECLARATION**

By signing this form I:

- apply to become a member of the New Zealand Defence Force KiwiSaver Scheme (the 'Scheme')
- acknowledge that I have received a copy of the Product Disclosure Statement dated 17 October 2019 which contains information about establishing an account in the Scheme
- confirm that I am a member of the Defence Community
- agree to be bound by the provisions of the governing documents of the Scheme
- acknowledge that I am present and live (or normally live) in New Zealand, and that I am a New Zealand citizen or entitled to live in New Zealand indefinitely
- authorise the use and disclosure of any personal information relating to me as may be necessary for the purposes of the Scheme
- acknowledge that NZDF, the supervisor and the manager may request information from me and that where information requested is not supplied or is incorrect, they have the power to make appropriate adjustments
- understand that the choices I have indicated on this form will remain in force until I advise the Manager otherwise, with the effective date of change being as advised to the Manager
- authorise the Manager of the Scheme to contact my previous superannuation plan and/or KiwiSaver provider to arrange for the transfer of funds as specified in this application, and to pay these funds directly into my account in the Scheme

- give my express consent to the receipt of both electronic messages and commercial electronic messages (as defined in the Unsolicited Electronic Messages Act 2007), which messages may also include a World Wide Web uniform resource locator, until such time as I advise the Manager, via the functional unsubscribe facility, to cease sending such messages.

**Privacy Authorisation**

By signing this form I agree that:

- NZDF may provide information, including my IRD number, service number, name and address details to the Manager and the Manager may use this information to facilitate my membership of the Scheme and to identify me when administering my account.
- NZDF, the Supervisor and the Manager may share, use and obtain information about me and allow third parties, including financial advisers and any parent/guardian, to have access to my personal information to the extent reasonably necessary to meet their respective legal obligations, administer my account, provide financial advice or promote to me other products or financial services that may be of interest.

I have the right to access and request correction of personal information held about me.

By signing this form I consent to the handling and storage of my personal information. If I do not provide this information, the Manager and NZDF may not be able to open my account and/or provide selected investment choices.

Signature of applicant  Date

**Notes for applicant's parent(s)/guardian(s) and who needs to sign this application form**

If the applicant is:

<b>Under 16 and...</b>	is joining KiwiSaver for the first time, then <u>all</u> parents/guardians, or an Oranga Tamariki guardian (appointed under the Oranga Tamariki Act 1989) must sign below
	already a KiwiSaver scheme member, then <u>one</u> parent/guardian or Oranga Tamariki guardian must sign below
<b>16 or 17 and...</b>	is joining KiwiSaver for the first time, then <u>the applicant and one parent/guardian</u> or Oranga Tamariki guardian must sign below
	already a KiwiSaver scheme member (noted in Step 3), then <u>the applicant</u> can sign above

**Notes for someone under the age of 18:**


Identity and address documents must be provided for both parents/legal guardians / Oranga Tamariki guardian as per step 5.

I confirm that I have read and accepted the information contained in Step 6 above on behalf of the applicant named in Step 1 of this form.

**Notes for individuals holding power of attorney:**

If signed under Power of Attorney, the attorney confirms they have not received revocation of that power in respect of the applicant. I confirm that I have read and accepted the information contained in Step 6 above on behalf of the applicant named in Step 1 of this form.

FULL NAME		RELATIONSHIP TO APPLICANT	
TELEPHONE	DATE OF BIRTH / /	SIGNATURE <input type="text" value="X"/>	DATE / /
FULL NAME		RELATIONSHIP TO APPLICANT	
TELEPHONE	DATE OF BIRTH / /	SIGNATURE <input type="text" value="X"/>	DATE / /

 Please send your completed application to: New Zealand Defence Force KiwiSaver Scheme, PO Box 1849, Wellington 6140.

# NEW ZEALAND DEFENCE FORCE KIWISAVER SCHEME



If you need any help in completing this form please phone us on **0800 333 787**

## PAYMENT FREQUENCY

Amount (Minimum payment amount is \$10 per fortnight or \$20 per month)

\$

- Fortnightly (Thursday or the closest possible working day)
- Monthly (15th of every month or the closest possible working day)

## INVESTOR DETAILS

Member name:

Membership number:

IRD number:

 -  - 

Please attach proof of your bank account (a bank encoded deposit slip or a bank statement dated within the last six months). Once completed, please post your original form to NZDF KiwiSaver Scheme, PO Box 1849, Wellington 6140.

## DIRECT DEBIT AUTHORITY

Name of my bank account to be debited:

Initiator's authorisation code:

0 3 3 3 5 9 3

Name of my bank:

My bank account number:

Bank Branch number Account Suffix

Approved

3359

09/2018

### From the acceptor to their bank:

I authorise you to debit my account with the amounts of direct debits from *New Zealand Defence Force KiwiSaver Scheme* with the Authorisation Code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

The following information will show on your bank statement:

N Z D F K S

Authorised signature(s):

Date:  /  /

### Specific conditions relating to notices and disputes

You may ask your bank to reverse a direct debit up to 120 calendar days after the debit if:

- You don't receive a written notice of the amount and date of each direct debit from the initiator, or
- You receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:

- The dates of the debits, and
- The amount of each direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 30 calendar days before the change.

If the bank dishonours a direct debit but the initiator sends the direct debit again once within 5 business days of the dishonour, initiator is not required to give you a second notice of the amount and date of the direct debit.