



Application Form

Please mail this application form, together with your cheque (if applicable) payable to:

MSF KiwiSaver Scheme
Mutual Superannuation Limited, PO Box 683, Auckland 1141

Section A - Investor details

Are you a NZ citizen or do you have NZ residency? Yes No

Your details: Mr Mrs Ms Miss Other

First name(s)\* Surname\*

IRD Number\* Date of Birth \*

Your Postal Address Postal Line 1\*

Postal Line 2\* Post Code

Your Phone Number(s) Day Mobile

Your Email Address

Your Employer's Name

How did you hear about us?

Advisor/Accountant Name

Section B

Are you an existing KiwiSaver member? Yes No Scheme Name:
Do you currently receive salary or wage payments? Yes No
If yes, what percentage of salary/wage will you be contributing? 2% 4%
I have received a copy of the MSF KiwiSaver Investment Statement Yes No
Non employee and those over 18 years minimum \$200 per year or minimum \$20 per month direct debit.

Cheque enclosed: Direct Debit Enclosed:

I confirm that I wish to enrol in the MSF KiwiSaver Scheme

Signature: Date: / /
Signature (Parent or Guardian if under 18 years):

Privacy Act 1993 Statement
Personal information in this Enrolment and any further personal information which I may provide at any time may be disclosed to the Manager and the Trustee and any other entity that provides services in relation to MSF KiwiSaver, and may be used for the purposes of administering MSF KiwiSaver.

Section C - Employer to complete

Employer Name: Employer Phone:

I confirm that this employee's identity has been verified Signature: Date: / /
Name:



Member Election Form

Please mail this election form to:
MSF KiwiSaver Scheme
Mutual Superannuation Limited, PO Box 6831, Auckland 1141

To the Trustee of the MSF KiwiSaver Scheme

Name Given names Surname
Date of Birth / / Sex M F

Gross Taxable Earnings

My prescribed tax rate is (please tick one box):
10.5% 17.5% 28%

My IRD Tax Number:
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Verification of Identity self-employed, non-earners and children only

As verification of my identity I attach a copy of (please tick one box):
Driver's Licence Passport
Birth Certificate Utility Account eg telephone or power bill

Instructions Authorisation

Email/facsimile - I authorize Mutual Superannuation Fund Limited (MSF) or any other MSF related company to provide information regarding my investments via email or facsimile...
Liability Limitation and Indemnity - I acknowledge that MSF does not accept any responsibility or liability whatsoever for any damage, costs, expenses, losses or liabilities incurred by any person as a result of MSF acting on any instructions from an authorized signatory or an authorized email address or facsimile number.

Declaration

I have read the attached Investment Statement, setting out a summary of my rights, obligations and benefits as contained in the MSF KiwiSaver Scheme Trust Deed.
I agree to be bound by the provisions of the Trust Deed and hereby apply to become a member of the said scheme.
If signed under Power of Attorney, the attorney hereby certifies that he/she has not received notice of revocation of that power.
I confirm that I am eligible to invest in the MSF KiwiSaver Scheme.

Signature \_\_\_\_\_ Date / /