

NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME

APPLICATION TO CONTRIBUTE TO THE KIWISAVER COMPLYING FUND AS A MEMBER OF THE NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME

I apply for admission as a member of the KiwiSaver Complying Fund section of the Scheme and agree to the terms and conditions contained in the Trust Deed governing the Scheme including the KiwiSaver Complying Fund section of the Scheme. I authorise my employer to deduct from my earnings the amount required to cover my contributions.

Member's Full Name _____
First Names Surname

Member number _____

Contact telephone number _____

IRD Number _____ - _____ - _____

My contribution to the KiwiSaver Complying Fund shall be (tick one):
2% 4% of my superable salary as defined in the Investment Statement.

In making this application I acknowledge that:

1. I am a current member of the New Zealand Fire Service Superannuation Scheme;
2. I have received and read a copy of the most recent Investment Statement for the Scheme (available from www.firesuper.co.nz), including the sections of the Investment Statement which contain information about the KiwiSaver Complying Fund section of the Scheme;
3. All contributions made to the KiwiSaver Complying Fund section of the Scheme will be locked in, in accordance with the Trust Deed and the relevant provisions of the KiwiSaver Act, as described in the Investment Statement;
4. All contributions made to the KiwiSaver Complying Fund section of the Scheme may only be withdrawn in accordance with the Trust Deed and the relevant provisions of the KiwiSaver Act, as described in the Investment Statement;
5. Any interest in the Scheme (including any interest in the KiwiSaver Complying Fund section of the Scheme) may not be assigned to any other person by way of security, operation of law, or any other means, except if required by the provisions of any enactment, including an order of the Court;
6. The rights of benefits are limited by and subject to the rules set out in the Trust Deed, as described in the Investment Statement.

Signed Date.....

PLEASE FORWARD THIS FORM TO PO BOX 36287, MERIVALE, CHRISTCHURCH 8146.

Trustee Approval	
Signed _____	Date _____
Signed _____	Date _____