FORSYTH BARR

KiwiSaver
Poua he Oranga

Workplace Savings NZ People's Choice Award
Forsyth Barr KiwiSaver Scheme
Inaugural winner of the Workplace Savings NZ People's Choice KiwiSaver Communications Award

Forsyth Barr KiwiSaver Scheme Application Form

Simply complete this Application Form, and return it to us, along with additional identification required (see overleaf) to:
Forsyth Barr KiwiSaver Limited, Private Bag 1999, Dunedin.

1. Personal details

This section is to be completed by the Applicant. If you are a parent/guardian enrolling a Minor please provide their details.

Dr Mr Ms Mrs Miss First Name(s):

Surname: Date Of Birth:

Mailing Address: *Street No:* *Street Name:*

Suburb/ RD Number: *PO Box:*

Town/City: *Postcode:*

IRD Number: Prescribed Investor Rate (PIR): ☐ 12.5% ☐ 21% ☐ 30% (Please refer to page 14 to 15 of the Forsyth Barr KiwiSaver Scheme Investment Statement for more information)

Phone Work: Phone Home: Fax:

Phone Mobile: E-mail:

By providing your email address you are consenting to receiving information required to be provided to you under the governing requirements by email (where permitted) and receiving information about Forsyth Barr's products and services by email.

Employer:

Category best describing current status: ☐ Employed ☐ Self-employed ☐ Not working ☐ Minor

2. Work-based contribution details for employed applicants

If you are currently employed and pay PAYE, please select the percentage of your gross salary or wages you wish to contribute to the Forsyth Barr KiwiSaver Scheme (minimum of 2%). Your employer will deduct this amount from your salary or wages. If you have more than one employer and want work-based contributions to be made from them also, please ask your Investment Advisor for a copy of the Additional Employers Form. This should be filled in and attached to this application. ☐ 2% ☐ 4% ☐ 8%

(Excludes any compulsory contributions made by your employer). If you wish to make additional voluntary contributions, please complete the "Other contribution details for all Applicants" section below. If you are employed but do not nominate an employer on this Application Form, IRD will request all your employers to make contributions at 2%.

Employer: Employer's IRD Number:

Mailing Address: *Street No:* *Street Name:*

Suburb/ RD Number:

Town/City: *Postcode:*

Contact person at place of employment

Dr Mr Ms Mrs Miss First Name(s):

Surname: Position:

Phone Work: Fax:

Phone Mobile: E-mail:

3. Other contribution details for all Applicants (optional)

You DO NOT need to complete this section if you are only making contributions from your salary or wages.
Please make cheques payable (and crossed "Not transferable") to Forsyth Barr KiwiSaver.

One-off lump sum contribution

Amount: $

Regular contribution (please complete a Direct Debit Form and return it with your Application)

Amount: $

Date of first Direct Debit:

Frequency: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Annually

Please allow 10 business days from when we receive your Application Form for your direct debit to activate.

You may make additional lump sums at any time in the future by contacting us or your Investment Advisor.

4. Transferring funds

If you would like to transfer money from another KiwiSaver Scheme, please complete the details below. You must transfer the full amount, as you may only have one KiwiSaver account at any given time. Please note, it can take up to 35 days to effect the transfer.

Current Provider:

Current Scheme/Plan:

Current Policy/ Member number:

Mailing Address: *PO Box:*

Town/City: *Postcode:*

Under current legislation, if you wish to transfer your funds from a registered superannuation scheme (non–KiwiSaver), you need to instruct the provider directly.

5. Investment choices

The Forsyth Barr KiwiSaver Scheme provides you with three Investment Options. Please refer to the Investment Statement for a detailed description. Please tick your Investment Option preference below. If you do not choose an Investment Option, your contributions will be automatically invested in the Balanced portfolio (Investment Option 2).

☐ **Investment Option 1.**
Personal Choice portfolio (please refer to page 6 in the Investment Statement).
Select your preferred investment sector exposures from eight alternatives. Choose one or any number of investment sector exposures up to the full eight choices.
If you choose exposure to a particular sector, it is subject to a minimum exposure of 5%.
Please indicate your investment sector exposures by writing percentages (in whole numbers) next to each investment sector you wish to invest in.
It is important to consider rebalancing your portfolio to ensure it remains consistent with your investment objectives. We encourage you to contact your Investment Advisor or Savings Specialist in the future from time to time to discuss this.

Investment Sector	Percentage
New Zealand Equities	%
Australian Equities	%
Global Equities	%
Cash Management	%
New Zealand Fixed Interest	%
Premium Yield	%
Listed Property	%
Socially Responsible Investment	%
Total (must add up to 100%)	**%**

☐ **Investment Option 2.**
Balanced portfolio (please refer to page 9 in the Investment Statement).
Provides you with pre-defined investment sector exposures as determined from time to time by the Fund Manager.
Investment will be consistent with a Balanced investment approach which involves a moderate level of investment risk and commensurate moderate investment returns over the medium to long-term.

☐ **Investment Option 3.**
Growth portfolio (please refer to page 9 in the Investment Statement).
Provides you with pre-defined investment sector exposures as determined from time to time by the Fund Manager.
Investment will be consistent with a Growth investment approach which involves a higher level of investment risk and commensurate higher investment returns over the medium to long-term.

If you are unsure which investment option to select, or have any questions, please contact your Investment Advisor on 0800 Forbar (0800 367 227).

6. Verification of identity

6A. Are you an existing Forsyth Barr Client?

☐ Yes (complete Client Number and go to *'7. Agreement and signature'* section below)

Applicant's Client Number: _____

☐ No (go to 6B).

If you are completing this form as a parent/guardian on behalf of a Minor, you also need to complete 6C.

6B. Are you a new client to Forsyth Barr?

We are required by law to verify your identity, and that of persons authorised to act on your behalf, including if you are a parent/guardian opening a Minors account. These procedures are in place to protect you and to ensure that transactions are being effected for the right person. Please select which form of identification you will provide:

☐ **One** form of current photo identification (such as a **cited** or **certified** photocopy of Passport, Driver's Licence, Photo Credit Card, Student Identification Card)

OR

☐ **Two** forms of non-photo identification (such as a **cited** or **certified** photocopy of Birth Certificate, Employee Identity Card, Bank Statement, Credit Card Statement, Utility Account Statement)

If you are completing this form as a parent/guardian on behalf of a Minor, you also need to complete 6C.

6C. Are you completing this form as a parent/guardian on behalf of a Minor (under 18 years of age)?

You are required to provide the following: ☐ A **cited** or **certified** photocopy of the Minor's Birth Certificate.

We are required by law to verify the identity of the Minor and that you have authority to act on behalf of the Minor. If we are unable to clearly identify that you are the parent/guardian of the Minor on whose behalf you are completing this Application Form, you may be required to provide additional evidence.

Note on proof of identity: Any form of identification must either be:

- Presented to a Forsyth Barr NZX Advisor or a Forsyth Barr KiwiSaver Savings Specialist, along with the original document, for that staff member to cite, or
- A copy of a document, which is certified by a Justice of the Peace, Solicitor, Member of Parliament, Deputy Registrar of a Court, Notary Public, Police Officer, Teacher or a religious Minister as being a true and correct copy.

7. Agreement and signature

By signing this Application Form I agree as follows:

- I apply to become a Member of the Forsyth Barr KiwiSaver Scheme and agree to be bound by the Terms and Conditions of the Trust Deed constituting the Forsyth Barr KiwiSaver Scheme, as amended from time to time, and by the requirements of the KiwiSaver Act 2006 and any regulations or notices promulgated under that Act.
- I have received, read and understood the Investment Statement for the Forsyth Barr KiwiSaver Scheme.
- I direct the Trustee of the Forsyth Barr KiwiSaver Scheme to apply contributions by investing only in the investment choices selected.
- I acknowledge the information I have provided may be used to:
  - Evaluate my application for membership
  - Administer the Scheme
  - Ensure quality of service from the Forsyth Barr group of companies
  - Offer me further products or services available from Forsyth Barr group of companies

  And in signing this Application Form, I authorise the use of my personal information by the Forsyth Barr group of companies and Investment Advisors, distributors, and suppliers who are commissioned by the Forsyth Barr group of companies to perform certain tasks, such as market research.
- I acknowledge that my information can be disclosed to my Investment Advisor, if any, as shown on this form unless I advise otherwise.
- I understand that under the Privacy Act 1993 I can access my personal information which Forsyth Barr KiwiSaver Limited holds and can correct this information as needed.
- I understand that I am permitted to have only one active KiwiSaver account and in the event that there is another account open, I permit Forsyth Barr KiwiSaver Limited to arrange the transfer of these funds.
- I confirm that the information supplied on this form is correct.
- I have attached copies of my identification (and where I am completing this form on behalf of a minor, the identification of that minor), if applicable (see Section 7 of this Application Form).
- I acknowledge that choosing an Investment Option is solely my responsibility and neither Forsyth Barr nor the Trustee of the Forsyth Barr KiwiSaver Scheme is to be regarded as representing or implying that any particular investment option is appropriate for my personal circumstances.
- I understand that neither the Trustee, the Manager, any director of any of them, the Crown, nor any other person guarantees the performance or obligations of the Forsyth Barr KiwiSaver Scheme.
- I confirm that I am eligible to invest in the Forsyth Barr KiwiSaver Scheme, and if I am completing this form on behalf of a minor, that I am authorised to complete this form on their behalf.
- I have received a copy of the Forsyth Barr and Investment Advisor Disclosure Statements, if applicable.

If you are completing this on behalf of someone for whom you are a Power of Attorney, you should complete a 'Certificate of Non-revocation of Power of Attorney'. Please ask your Investment Advisor for this.

Legal Guardian capacity (if applicable): ☐ Parent **OR** ☐ Other (please state): _____

Full name of Legal Guardian (if applicable): _____

Signature: _____

Date: _____ _____ _____

For office use only

Forsyth Barr Limited Account Number (if applicable): _____

Investment Advisor Firm: _____

Investment Advisor Code: _____

Investment Advisor phone number: _____

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FORSYTH BARR

KiwiSaver
Poua he Oranga

Forsyth Barr KiwiSaver Scheme

Authority To Accept Direct Debits

(Not to operate as an assignment or agreement)

Optional–Please refer to Section 3 of the Forsyth Barr KiwiSaver Scheme Application Form

Client Name: _____ Client Number: _____

Bank Instructions

Name: (of Bank Account) _____

AUTHORISATION CODE

0	2	1	7	6	0	9

Bank Account from which payments are to be made:

Bank	Branch	Account Number	Suffix

(Please attach an encoded deposit slip to ensure your number is loaded correctly)

To: The Bank Manager,

Bank: _____

Branch: _____ Town/City: _____

I/We authorise you until further notice, to debit my/our account with all amounts which **TEA Custodians Limited o/a Forsyth Barr Kiwisaver** (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by direct debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed below.

Information to appear on my/our Bank Statement

Payer Particulars	Payer Code	Payer Preference

Signature: _____ Signature: _____

Date: _____ Date: _____

Approved 1760	
04	2008

For Bank Use Only Original - Retain at Branch

Date Received: _____

Recorded by: _____

Checked by: _____

Bank Stamp

CONDITIONS OF THIS AUTHORITY

1. The Initiator:

(a) Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. This notice will be provided either:-

(i) in writing; or

(ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

The notice will include the following message:-

The amount of $ ..... was direct debited to your Bank account on ..... (initiating date).

(b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

(a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.

(b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

(c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank. PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

(a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.

(b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

(c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lies between me/us and the initiator.

(d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:

- the accuracy of information about Direct Debits on Bank statements.
- any variations between notices given by the Initiator and the amounts of Direct Debits.

(e) The Bank is not responsible for, or under any liability in respect of the Initiators failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

(a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.

(b) At any time terminate this Authority as to future payments by notice in writing to me/us.

(c) Charge its current fees for this service in force from time-to-time.

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