

# 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.**

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

## 1. Personal details

Mr
  Ms
  Mrs
  Miss
  Dr
  Other

Full Name: \_\_\_\_\_

Date Of Birth:        
 IRD Number:

DAY                      MONTH                      YEAR

Mailing Address:

Street No./Name/PO Box: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Mail Centre: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Prescribed Investor Rate (PIR):  10.5%  17.5%  28%

Phone Work: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Phone Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

## 2. Work-based contribution details for employed Applicants

Employee Contributions Rate:  2%  4%  8%

Employer: \_\_\_\_\_

Employer's IRD Number:

Mailing Address:

Street No./Name/PO Box: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Mail Centre: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

**PIR:** Please refer to page 13 to 14 of the Forsyth Barr KiwiSaver Scheme Investment Statement for more information.

**Email Address:** 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.

**Employee contribution rate:** This will be 2% if not ticked.

Please Turn Over

### 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

Amount: \$

Date of first Direct Debit:

DAY	MONTH	YEAR			

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:

### 5. Investment choices

The Forsyth Barr KiwiSaver Scheme provides you with three Portfolio Options. Please refer to the Investment Statement for a detailed description.

**Please tick your Portfolio Option preference below.** If you do not choose a Portfolio Option, your contributions will be automatically invested in the Balanced Portfolio.

- Personal Choice Portfolio**  
(Please refer to page 6 in the Investment Statement)  
Select your preferred investment sector exposures from nine alternatives. Choose one or any number of investment sector exposures up to the full nine 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.

Investment Sector	Percentage
New Zealand Equities	%
Australian Equities	%
Global Equities	%
Cash Management	%
New Zealand Fixed Interest	%
Local Authority Fund	%
Premium Yield	%
Listed Property	%
Socially Responsible Investment	%
<b>Total (must add up to 100%)</b>	<b>%</b>

- OR**  **Balanced Portfolio** (please refer to page 8 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.
- OR**  **Growth Portfolio** (please refer to page 8 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 367 227.**

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

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

## 6. Verification of identity

### Are you an existing Forsyth Barr Client?

Please complete *Section 7. Agreement and signature*

### Are you a new client to Forsyth Barr?

Please complete *Section 7. Agreement and signature*

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. In order for us to do this, you are required to provide either:

- 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, or Utility Account Statement).

### Are you completing this form as a parent/guardian on behalf of a minor (under 18 years of age)?

If the Applicant is a minor who is under the age of 16, all parents and/or guardians will need to sign this form and provide verification of identity. If the Applicant is a minor who is 16 or 17, at least one parent or guardian, as well as the minor, will need to sign this form and provide verification of identity.

Please complete *Section 7. Agreement and signature* and *Section 7B. Parent/Guardian*.

We are required by law to verify the identity of the minor and that you have authority to act on behalf of the minor. In order for us to do this, you are required to provide a **cited** or **certified** photocopy of the minor's Birth Certificate. 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 7B 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 Investment Advisor Disclosure Statement, 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.**

*Please Turn Over*

## 7A. Agreement and signature

**If the Applicant is under the age of 16, please proceed to Section 7B.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

DAY		MONTH		YEAR			

I have attached identification as outlined in 6. *Verification of Identity*

**OR**

I am an existing Forsyth Barr client

Client Number:

--	--	--	--	--	--	--	--

## 7B. Parent/Guardian

**By signing this Application Form I agree as follows:**

I/we have attached a Birth Certificate or Evidence of Guardianship for the Applicant named in Section 1.

I/We: \_\_\_\_\_ / \_\_\_\_\_

confirm that I/we as the parent/legal guardians of the Applicant named in Section 7B and I/we have read and accepted the Agreement and signature terms and conditions in Section 7 on behalf of the Applicant named in Section 1. I/We acknowledge I/we shall be entitled to instruct Forsyth Barr KiwiSaver in relation to the minor's Forsyth Barr KiwiSaver Scheme investment, until the minor turns 18, at which time such right shall transfer to the minor, and the minor shall have full capacity to instruct over the investment and my/our right shall cease.

Name of **first** parent/legal guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

DAY		MONTH		YEAR			

I have attached identification as outlined in 6. *Verification of Identity*

**OR**

I am an existing Forsyth Barr client

Client Number:

--	--	--	--	--	--	--	--

Name of **second** parent/legal guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

DAY		MONTH		YEAR			

I have attached identification as outlined in 6. *Verification of Identity*

**OR**

I am an existing Forsyth Barr client

Client Number:

--	--	--	--	--	--	--	--

### For Office Use Only:

Forsyth Barr Limited  
Account Number: \_\_\_\_\_

Investment Advisor  
Code: \_\_\_\_\_

KiwiSaver Account  
Number: \_\_\_\_\_

Investment Advisor  
Phone Number: \_\_\_\_\_

**Minors:** If the Applicant is under the age of 18, one of the Applicant's parents/guardians must also complete Section 7B.

**Minors:** If the minor is under the age of 16, **all of the minor's parents and/or guardians must sign this form** and provide verification of identity.

If the minor is 16 or 17, at least one parent or guardian, as well as the minor, will need to sign this form and provide verification of identity.