

Application to re-join SuperLife

This form is an application to join the SuperLife KiwiSaver scheme ("SuperLife") and to reinstate your membership of SuperLife. This form authorises your transfer to SuperLife from the alternative KiwiSaver scheme that you have joined and if applicable, enables the retention of your current KiwiSaver Account Balance within SuperLife, if it has not already been transferred out. If your funds have been transferred out, they will be transferred back to SuperLife.

SLKS05 – 30.07.2021

Privacy Act

This form collects information from you in connection with applying to join SuperLife. All information is being received, collected and held by SuperLife's licensed manager Smartshares Limited, PO Box 105262, Auckland City 1143. SuperLife may pass this information to the licensed supervisor, administrators and other third parties as required. You can see and correct this information, subject to the provisions of the Privacy Act 1993.

Your details

Name: <input type="text"/>	Title (<i>Mr, Mrs, Ms, Miss, Dr</i>): <input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of birth: / / (<i>dd/mm/yyyy</i>)	Phone: () <input type="text"/>		
Address: <input type="text"/>			
Town/city: <input type="text"/>	Post code: <input type="text"/>		
Email: <input type="text"/>			
IRD number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<i>(You must enter your IRD number)</i>		

Your employer details – if you are an employee

My employer's details are unchanged

or

My employer's details are *(if you want to contribute in respect of other employers, please provide details separately):*

Employer's name: <input type="text"/>	
Employer's address: <input type="text"/>	
Town/city: <input type="text"/>	Post code: <input type="text"/>

Your Membership and future membership participation basis

I confirm I wish to join/rejoin SuperLife and for the terms of my membership of SuperLife in respect of my savings basis, PIR tax rate and investment strategy to be the same as applied at the date I applied to join an alternative KiwiSaver scheme.

If you wish to change your savings level, PIR tax rate and/or your investment strategy, contact SuperLife for an appropriate form.

I also confirm that I have received a product disclosure statement for SuperLife's KiwiSaver Scheme.

Signature

Your signature: _____ **Date:** / / _____

Note: "SuperLife" refers to the SuperLife KiwiSaver scheme. Under SuperLife, unless you advise otherwise, communication material, where appropriate, is provided to members via email to ensure timely delivery of service.