

Use this form to add and/or amend the authorised officers who are authorised to sign on behalf of a participating employer in respect of the Scheme. If you have more than four authorised officers to add and/or amend, please complete another form. Please complete this form along with the required certified identification documents and send to superlife@superlife.co.nz or post to: SuperLife Superannuation Master Trust, PO Box 105262, Auckland 1143. For any questions, please call us on 0800 27 87 37 or +64 9 375 9800 if you're calling us from overseas.

To: Smartshares Limited, the manager of the
SuperLife Superannuation Master Trust

Date

D	D	M	M	Y	Y	Y	Y
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SECTION 1: SCHEME DETAILS

Plan name

SECTION 2: DELETION OF AUTHORISED OFFICER(S)

A: DELETED AUTHORISED OFFICER

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Position

First names

Surname

B: DELETED AUTHORISED OFFICER

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Position

First names

Surname

C: DELETED AUTHORISED OFFICER

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Position

First names

Surname

D: DELETED AUTHORISED OFFICER

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Position

First names

Surname

SECTION 3: AUTHORISATION REQUIREMENTS

Please specify your authorisation requirements for each activity. For instance, a single category B signature might be required to authorise an application form, whereas two signatures (including at least one category A) might be required for 'Forfeit account' directions.

Types of forms or accounts	Number of signatures required for authorisation	Category
Application forms	<input type="text"/>	<input type="text"/>
Benefit payments	<input type="text"/>	<input type="text"/>
Hardship request	<input type="text"/>	<input type="text"/>
Forfeit (reserve) account directions	<input type="text"/>	<input type="text"/>
General (i.e. amendment to authorised signatory list)	<input type="text"/>	<input type="text"/>

SECTION 4: NEW AUTHORISED OFFICER(S)

A: NEW AUTHORISED OFFICER

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
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First names

Surname

Physical address

Street address

Suburb

Town/city

Country

Postcode

Position

Category

DDI

Mobile

Email

Signature (please sign clearly in centre of box below)

B: NEW AUTHORISED OFFICER

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
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First names

Surname

Physical address

Street address

Suburb

Town/city

Country

Postcode

Position

Category

DDI

Mobile

Email

Signature (please sign clearly in centre of box below)

SECTION 4: NEW AUTHORISED OFFICER(S) (CONTINUED)

C: NEW AUTHORISED OFFICER

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
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First names

Surname

Physical address

Street address

Suburb

Town/city

Country

Postcode

Position

Category

DDI

Mobile

Email

Signature (please sign clearly in centre of box below)

D: NEW AUTHORISED OFFICER

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
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First names

Surname

Physical address

Street address

Suburb

Town/city

Country

Postcode

Position

Category

DDI

Mobile

Email

Signature (please sign clearly in centre of box below)

SECTION 5: AUTHORISATION

This section must be signed by existing authorised signatories.

Full name of authorising officer

Signature of authorising officer

Date

D	D	M	M	Y	Y	Y	Y
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Full name of authorising officer

Signature of authorising officer

Date

D	D	M	M	Y	Y	Y	Y
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