



KiwiSaver

Member Enrolment Form
Complete and return to Professionals Group Holdings Limited, PO Box 2517, Wellington or fax to: 04-819-4106

Section A

Title	
Surname	
First Name/s	
Are you a NZ citizen or do you have NZ residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	
IRD Number	(insert a zero in the first box if your IRD number has 8 digits)
Address	
City	
Postcode	
Phone Number	
E-mail address	

Prescribed Tax Rate (Please tick box)	<input type="checkbox"/> 19.5%	<input type="checkbox"/> 33% (up until 31 March 2008 only)	<input type="checkbox"/> 30% (from 1 April 2008 only)
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Section B

Do you currently receive salary or wage payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, my employer is		
I wish to contribute from my salary/wage	<input type="checkbox"/> 4%	<input type="checkbox"/> 8%
<input type="checkbox"/> 2% (this option is only available if your employer contributes 2%)		

Non Employees (Self employed, non working spouses, children etc.)

The Non Employee minimum annual contribution is \$200.
 This contribution and any voluntary contributions are payable to PSBG KiwiSaver Scheme and should be forwarded to:

Aon New Zealand Limited
 PO Box 2517
 Wellington

Amount of cheque enclosed \$ _____

Verification of Identity (under the Financial Transactions Reporting Act 1996, verification of identity is required)

As verification of my identity I attach a copy of (please tick one box)

<input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Utility Account (e.g. telephone or power bill)

Declaration

I apply for admission as a member of the PSBG KiwiSaver Scheme and agree to be bound by the Trust Deed and Rules constituting the PSBG KiwiSaver Scheme, as amended from time to time; and

I acknowledge that I have received, read and understood the PSBG KiwiSaver Scheme Investment Statement dated 27 September 2007; and

I understand that I am permitted to only have one active KiwiSaver account and in the event that there is another account open, I permit PSBG to arrange the transfer of these funds; and

I understand that I have the right of access to, and am able to request correction of, any information held by PSBG. Request should be made to the PSBG KiwiSaver Secretary.

I understand that neither the Trustee, the Secretary, the Administration Manager, the Crown, the Promoters nor any other person guarantees the performance or obligations of the PSBG KiwiSaver Scheme.

I confirm I am eligible to invest in the PSBG KiwiSaver Scheme.

I confirm that the information supplied on this form is correct.

/ /

_____ signed

_____ dated

Privacy Act 1993 Statement

Personal information in this Enrolment Form is being collected and will be held by PSBG. The information contained in this form and any further personal information which I may provide at any time may be disclosed to the Trustee and any other entity that provides services to PSBG, and may be used for the purposes of administering PSBG KiwiSaver. The Trustee may pass this information to Aon NZ Ltd for the purpose of introducing other products or services to me.

I consent to being contacted by PSBG or Aon New Zealand Limited for the purpose of receiving material , including electronic messages, on new products or services (please tick the box)