

Use this form to:

- increase your employee contributions to 5% in order to maximise your employer contribution
- start making voluntary contributions in addition to your regular contributions
- change any voluntary payments you are making currently.

Step 1: Complete your personal details

Title: Mr Mrs Miss Ms Surname: _____

First names: _____

Employee number: _____ Date of birth: DD / MM / YYYY

Postal address: _____

Postcode: _____

Daytime phone/mobile: () _____ Email: _____

Step 2: Let us know if you would like to increase your member contributions

please tick I would like to increase my employee contribution to 5% of in order to maximise my employer contribution.

Step 3: Let us know if you would like to start or change your voluntary contributions

please tick I would like to start making voluntary contributions or make a change to the voluntary contributions I currently make to the Plan.

You can nominate a percentage of salary of 1% or more. However, the maximum amount of voluntary contributions must not exceed 10% of your salary. Choose 0% if you wish to stop making voluntary contributions.

Voluntary contribution rate _____ % of salary

Your employer will not match any voluntary contributions you make. You must give three months' written notice to withdraw any funds from your voluntary account.

Step 4: Sign and date the form

In signing this form, you acknowledge and agree that:

1. Your employer may deduct your contributions at the appropriate rate from your pay.
2. The contribution options available may change from time to time as a result of changes of law, or your employer's remuneration policy, or if you join KiwiSaver.
3. If you become a member of a KiwiSaver scheme your employer may cease contributing to the Plan or reduce its contributions to the Plan (as your employer decides and notifies the trustee) for so long as your employer is making employer contributions to your KiwiSaver scheme.
4. The trustee may discontinue insured benefits for you in the future and the provision and payment of any insured benefits is subject to acceptance or payment by the insurer.

Your signature: _____

Date: DD / MM / YYYY

Return the completed form to payroll: Scan and email it to payroll@nzpost.co.nz or post it to Payroll, NZ Post, Private Bag 39990, Wellington Mail Centre, Lower Hutt 5045

Payroll to complete

Please tick the box on page 1 corresponding to the member's choice to confirm the choice is valid for this member.

(Please tick)

Deduction set up

Cancellation actioned

Effective date: ____/____/____

Actioned by:

Checked by:

(Name)

(Signature)

Date:

(Contact number)

Please send the completed form to: NZ Post Super Plan, Mercer, C/- PO Box 1849, Wellington 6140. Alternatively, you can scan and email it to nzpostsuper@mercer.com