

Alter Contributions Form

Please print in black or blue pen, in uppercase, one character per box and all that apply.

Use this form to:

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

If you need assistance completing this form, please feel free to contact our toll-free Helpline on **0508 637 237**.



Privacy statement

Information in this form and any requested documents are being collected to enable administration of this account. The Privacy Act entitles the account holder to access and to request correction of any personal information.

Step 1 – Complete your personal details

Membership number

IRD number

Title: Mr Mrs Ms Miss Other

Date of birth / /

First name

Middle name(s)

Surname

Residential address

Number	Street Name
Suburb	
City	Postcode
Country	

Mailing address (if different from residential address)

Number	Street Name
Suburb	
City	Postcode
Country	

Telephone

Mobile

Home phone

Email

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

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

I would like to start making voluntary contributions from my pay or make a change to the voluntary contributions I currently make from my pay 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 from your pay.

Voluntary contribution rate % of salary

Your employer will not match any voluntary contributions you make. You must give 10 days written notice to withdraw any funds from your voluntary account.

Membership number


Step 4 – Sign the form

In signing this form, you acknowledge and agree that:

- Your employer may deduct your contributions at the appropriate rate from your pay.
- 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.
- 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 Manager) for so long as your employer is making employer contributions to your KiwiSaver scheme.
- The Manager 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.

Member’s Signature

Date / /

 **Please 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 corresponding to the member’s choice on page 1 to confirm the choice is valid for this member.

(Please)

Deduction set up Cancellation actioned Effective date / /

Actioned by:

Name

Contact number

Signature

Date / /


Checked by:

Name

Contact number

Signature

Date / /

 **Please return your completed form to:** Mercer (N.Z.) Limited, Mercer Super Trust, PO Box 1849, Wellington 6140. Alternatively, you can scan and email it to MSTNZAdmin@mercer.com.