

# > Grosvenor KiwiSaver Scheme application form

I DISCLAIMER \* I have read the Grosvenor Kiwisaver Investment Statement

## > 1. Personal details

Title \_\_\_\_\_ First Name (s) \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender Male  Female

IRD Number \_\_\_\_\_ Prescribed Investor Rate\* 19.5%  30%

Are you self employed? Yes  No

Phone (Work) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

\* See page 14 of the Investment Statement for details.

## > 2. Investment Election

You may invest in one or more of the following investment funds. Please show the percentages in whole numbers and ensure they add up to 100%. We recommend you discuss these with your financial adviser.

<b>High Growth Fund</b>	%
<b>Balanced Fund</b>	%
<b>Conservative Fund</b>	%
<b>Enhanced Income Fund</b>	%
<b>Total</b>	<b>100 %</b>

Please give this form to your employer or to your financial adviser to forward to us. If you have any queries, please contact your financial adviser in the first instance to discuss these. Your employer can confirm who your adviser is if you are unsure.

## > 3. Primary Employer Details (if applicable)

Employer Name \_\_\_\_\_

Employer Postal Address \_\_\_\_\_

Employer IRD Number (optional) \_\_\_\_\_

Your Elected Contribution Rate 4%  8%  2% + 2%\*

\*See page 11 of the investment statement for details

## > 4. Secondary Employer Details (if applicable)

Employer Name \_\_\_\_\_

Employer Postal Address \_\_\_\_\_

Employer IRD Number (optional) \_\_\_\_\_

Your Elected Contribution Rate 4%  8%  2% + 2%

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## > 5. Verification of Identity

Either your employer or your financial adviser must verify your identity.

<b>Verification by employer (if applicable)</b>			
The employee named in this application form has applied to become a member of the Scheme, and we confirm that we have verified their identity.			
<b>Signed by Employer</b>		<b>Date</b>	
_____		Day	Month Year
<b>Print Name</b>	<b>Title</b>		
_____	_____		

<b>Declaration by adviser (if applicable)</b>			
In the event that the identity of the member has not already been verified by their employer, I hereby certify that I have verified the identity of the member under the Financial Transactions Reporting Act 1996.			
<b>Signed by Adviser (if applicable)</b>		<b>Date</b>	
_____		Day	Month Year

### Adviser details

<b>Adviser Name</b>	<b>Adviser Stamp</b>
Marcus Cranfield _____	Marcus Cranfield Cranfield Insurance & Investments Ltd PO Box 10-812 Wellington

## > 6. Member Declaration

By signing this application form I hereby apply for admission as a member of the Grosvenor KiwiSaver Scheme.

- > I understand and agree that I am bound by the Trust Deed which constitutes the Scheme and any Participation Agreement entered into with the Trustee by my employer; and
- > I confirm that I am eligible to join a KiwiSaver scheme and that I am a New Zealand citizen or am entitled to live in New Zealand indefinitely, and
- > I acknowledge that I have been given and have read a copy of the investment statement; and
- > I understand that the personal information which is held by the Trustee will be used to administer the Scheme, maintain relevant statistical records, enable the provision of financial advice and provide me with information about other products and services offered by the Grosvenor Group; and
- > I acknowledge the requirement to provide information to my financial adviser and authorise you to do this for any of the purposes above; and
- > I understand that I have the right of access to, and am able to request correction of, any personal information held by the Trustee; and
- > I understand that I am permitted to hold only one KiwiSaver account, and should another account be opened I authorise the Trustee to arrange the transfer into the Scheme of those funds, and
- > I confirm that the information provided by me on this form is true and correct.

<b>Member's Signature</b> <small>(if member is aged over 16)</small>	<b>Date</b>
_____	Day Month Year
<b>Guardian's Signature</b> <small>(if member is aged under 16)</small>	<b>Date</b>
_____	Day Month Year
<b>Guardian's Full Name</b>	
_____	

### For Grosvenor Use Only

Accepted by \_\_\_\_\_ Client number \_\_\_\_\_