NZF

Huljich

Preferred Provider Agreement

If you would like help in completing this agreement, please phone **NZF SuperKiwi** on **0800 38 48 58.**

Employer Details

Registered Company Name (Employer)

IRD Number*

***If you do not know your IRD number, please call the IRD on 0800 377 774.**

Address Of Registered Office

Postcode

Address For Correspondence

Postcode

Company Contact

Job Title

Business Phone

Mobile

Fax

Email Address

If you would like to elect the Scheme as your Preferred Provider in respect of any associated companies, please complete the details below.

Associated Registered Company Name (The Employer)

IRD Number*

Associated Registered Company Name (The Employer)

IRD Number*

Authorisation

The Employer wishes to appoint the Huljich KiwiSaver Scheme (the Scheme) to be the Employer's chosen KiwiSaver scheme for its employees who are automatically enrolled into KiwiSaver and those employees who choose to opt in to KiwiSaver and do not choose their own KiwiSaver scheme. The Employer agrees that all of the Employer's permanent employees are eligible to be members of the Scheme. The Employer also agrees that employees of the Employer that are not permanent employees are eligible to be members of the Scheme, where agreed between the Employer and Trustees Executors Superannuation Limited (as Trustee of the Huljich KiwiSaver Scheme). The Employer authorises Huljich to notify the Commissioner of Inland Revenue that the Scheme is the Employer's chosen KiwiSaver Scheme for the purposes of sections 46 to 49 of the KiwiSaver Act 2006. The Employer agrees to verify the identity of each employee joining the Scheme, in accordance with the requirements of the Financial Transactions Reporting Act 1996, prior to that employee joining the Scheme. The Employer will keep records of that verification and provide access to those records to Trustees Executors Superannuation Limited (the Trustee) when reasonably requested by the Trustee. The Employer agrees to comply with its obligations under the KiwiSaver legislation with respect to the Scheme, including distributing the Scheme's Investment Statement to employees. The Scheme will remain the Employer's chosen KiwiSaver scheme until written revocation of this appointment is received by Huljich and Inland Revenue. The Employer authorises Huljich to pass on the information above to the Commissioner of Inland Revenue on behalf of the Employer. Companies must sign in accordance with the Companies Act 1993 and the company's constitution. If your employees do not select an investment fund, their contributions will be invested in the NZF SuperKiwi Growth Diversified Fund. Note: Associated companies, if any, must separately sign this form.

Signature

Name

Date

Signature

Name

Date

Mailing Details
Please mail this agreement to:

NZF SuperKiwi
c/o Trustees Executors Limited
PO Box 409, Wellington 6140.

Adviser Use Only

Adviser Name

Company

Postal Address

Postcode

Business Phone

Mobile

Fax

Email Address

Number Of Employees

Number Of Investment Statements Required