

# Change membership basis

(Elective (salaried paid on a totally remunerated basis) to subsidised or subsidised to elective)

Mr / Mrs / Ms / Miss

Last Name

First Names

Full Postal Address

Date of Birth

IRD No

Phone

Mobile

Email\*

\*By providing my email address, I am consenting to receiving information about the Scheme (including the annual report) electronically including by way of a hyperlink. Should I not wish to receive such information electronically, or should my email address change, I undertake to advise the Scheme's administration manager (Mercer) whose contact details are shown on page 3 of this form.

## Option 1

I am currently a subsidised member and wish to become an elective member.

	Total contributions (Please ensure this section is completed)	Locked-In (Complying Fund) Account	Unlocked (standard) accounts
<b>Member contributions</b> (The total of your Locked-In (Complying Fund) and standard accounts may be any whole % of your gross taxable salary or wages up to a maximum of 6%* with a minimum of 2%)	Total member contributions: <input type="text"/> % of gross taxable salary or wages (locked and unlocked contributions)	<input type="checkbox"/> 3% of my gross taxable salary or wages to my Locked-In (Complying Fund) Account	The balance of your member contributions go to your Member's Account
<b>Voluntary member contributions</b> (member contributions of any whole % of gross taxable salary or wages in excess of 6%)	Total voluntary contributions: <input type="text"/> % of gross taxable salary or wages	N/A	The balance of your voluntary additional contributions goes to your Member's Account
<b>Employer contributions</b>	Total contributions by way of salary sacrifice: of gross taxable salary or wages <input type="text"/> %	Your employer matches your contributions to your Locked-In (Complying Fund) Account**	Your salary sacrifice contributions go to your Employer's No.1 Account

**\*Important: in order for your insurance cover for death and permanent incapacity to continue, you must continue making member contributions in addition to any contributions you may make by way of salary sacrifice.**

**\*\*Unless your employer is already contributing to a KiwiSaver scheme on your behalf.**

## Option 2

I am currently an elective member and I am now required to become a subsidised member.  
I wish my contributions to be as follows:

	Total contributions (Please ensure this section is completed)	Locked in account	Unlocked accounts
<b>Member contributions</b> (The total of your Locked-In (Complying Fund) and standard accounts may be any whole % of your gross taxable salary or wages up to a maximum of 6%*)	Total member contributions: <input type="text"/> % of gross taxable salary or wages (locked and standard contributions)	<input type="checkbox"/> 3% of my gross taxable salary or wages to my Locked-In (Complying Fund) Account	The balance of your member contributions go to your Member's Account
<b>Voluntary additional contributions (member contributions of any whole % of gross taxable salary or wages in excess of 6%)</b>	Total voluntary contributions: <input type="text"/> % of gross taxable salary or wages	N/A	The balance of your voluntary additional contributions goes to your Member's Account
<b>Employer contributions</b>	1.5 x member contributions (up to 6% of gross taxable salary or wages)	Your employer matches your contributions to your Locked-In (Complying Fund) Account*	The balance of your employer's contributions goes to your Employer's No. 1 Account

\*Unless your employer is already contributing to a KiwiSaver scheme on your behalf.

I understand and acknowledge that:

- if I **stop contributing** to the Scheme:
  - my insurance cover (if applicable) for permanent incapacity and death will immediately cease; and
  - my employer's contributions on my behalf (if applicable) will also cease;
- if I **recommence** my contributions to the Scheme:
  - within 18 months of the date I stopped contributing and I previously held insurance cover for permanent incapacity and death my insurance cover will automatically recommence;
  - more than 18 months after I stopped contributing and/or I did not previously hold insurance I will be required to complete a Personal Statement and be assessed by Sovereign before my insurance cover can recommence and that my cover will be subject to any restrictions imposed by the insurer;
  - the calculation of the insured portion of my death or permanent incapacity benefit will be based on the contributions (up to a maximum of 6% of my salary) I would have paid into the Scheme had I been contributing to the Scheme for the previous 12 months; and
  - should I die or suffer permanent incapacity within 12 months of recommencing contributions, the insured portion of my benefit will not exceed my cover at the review date (31 March) prior to the date I stopped contributing.

I further understand and acknowledge that if I change my contribution rate (up or down) my insured death and permanent incapacity benefits will be affected because they are based on my contributions for the 12 months immediately preceding the date of my permanent incapacity or death.

My signature below authorises:

- the changes shown on this form; and
- the deduction of the amounts indicated above from my gross taxable salary or wages.

Signed by Member

Date

**Please note that unless you advise otherwise, all correspondence will be sent to the postal address overleaf.  
Please ensure that the Scheme's administration manager is advised as soon as possible should your address change.**

MEMBER – PLEASE RETURN YOUR COMPLETED FORM TO YOUR PAYROLL DEPARTMENT

HUMAN RESOURCES/PAYROLL – PLEASE RETURN COMPLETED FORM TO: DAIRY INDUSTRY SUPERANNUATION SCHEME,  
C/- MERCER (N.Z.) LIMITED, PO BOX 1849, WELLINGTON 6140 TELEPHONE: 0800 355 900 FAX: 04 819 2699

Company Payroll/Human Resources Authorised Signatory to complete:

Employer \_\_\_\_\_ Site \_\_\_\_\_

Employee Number \_\_\_\_\_ Date started permanent employment \_\_\_\_\_  
(any period of employment as a temporary employee **not** to be included)

Elective Member  Yes  No Effective date of changes: \_\_\_\_\_

Employer Subsidy to KiwiSaver \_\_\_\_\_

Signed by Employer \_\_\_\_\_ Date \_\_\_\_\_