



Change, recommence, suspend or cease contributions (to be completed by elective members only)

Elective members are salaried employees paid on a totally remunerated basis.
Subsidised members please complete form D12A

Mr / Mrs / Ms / Miss _____ Last Name _____

First Names _____

Full Postal Address _____

Date of Birth _____ IRD No _____

Phone _____ Mobile _____ Email* _____

Employee Number _____ Work Location _____

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

1. Change or recommence contributions to my Unlocked and/or my Locked In Account

I wish to:
 change or recommence contributions

My contributions are to be allocated as follows:

	Total contributions <small>(Please ensure this section is completed)</small>	Locked-In (Complying Fund) Account	Unlocked (standard) accounts
Member contributions (The total of your Locked-In (Complying Fund) and unlocked (standard) accounts – may be any whole % of the 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 unlocked contributions)	<input type="checkbox"/> 3% of my gross taxable salary or wages to my Locked-In (Complying Fund) Account (Tick box if applicable)	The balance of your member contributions goes to your Member's Account
Employer contributions	Total contributions by way of salary sacrifice: <input type="text"/> % of gross taxable salary or wages	Your employer matches your contributions to your Locked In Account (Complying Fund)**	Your salary sacrifice contributions go to your Employer's No.1 Account

* Important: in order to qualify for insurance cover for death and permanent incapacity, you must make 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.

2. Make or change voluntary member contributions

a) Voluntary Additional Contributions

I wish to start making voluntary additional contributions of ____% of my gross taxable salary or wages, over and above my member contributions

Or

I wish to change my voluntary additional contributions to ____% of my gross taxable salary or wages,

Or

I wish to cease making voluntary additional contributions. With effect from my next pay, my total member contributions to the Scheme will be ____% of my gross taxable salary or wages.

b) Voluntary Lump Sum Contributions

I am making locked-in contributions and wish to make voluntary lump sum contribution of \$_____ to be allocated to my Locked-In (Complying Fund) Account to bring my contributions to that account up to \$1,043 to qualify for maximum tax credits

A cheque for this amount is enclosed.

3. Suspend contributions

a) Take a contribution holiday (applies to Locked-In (Complying Fund) Accounts only)

I am still at work but I wish to take a contribution holiday for a period of ____ years ____ months. (The minimum period that may be taken as a contribution holiday is three months and the maximum five years, although contribution holidays may be taken successively).

From: (date)

To: (date)

b) Suspend unlocked (standard) member contributions

I am still at work but I wish to suspend my member contributions for a period of ____ years ____ months.

From: (date)

To: (date)

c) Suspend salary sacrifice contributions

I am still at work but I wish to suspend my salary sacrifice contributions for a period of ____ years ____ months.

From: (date)

To: (date)

4. Cease unlocked member contributions (to stop contributions to a Locked In Account complete 3(a) above)

a) Cease unlocked (standard) member contributions

I am still at work but I wish to cease making member contributions to the Scheme with effect from:

the date of my next pay or _____ please specify the date from which you wish to stop making member contributions

b) Cease salary sacrifice contributions

I am still at work but I wish to cease making salary sacrifice contributions to the Scheme with effect from:

the day of my next pay or _____ (please specify the date from which you wish to stop making salary sacrifice contributions).

5. I understand and acknowledge that:

- if I **stop member contributions** 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 member 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 member 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 on the first page of this form. 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/HR DEPARTMENT

PAYROLL/HUMAN RESOURCES – 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

Date contributions ceased or changed

Employee Number

Site

Employer Subsidy to KiwiSaver

Signed by employer

Date