



Transfer to KiwiSaver

Mr / Mrs / Ms / Miss _____ Last Name _____

First Names _____

Postal Address _____

Date of Birth _____ IRD No _____

Phone _____ Email* _____

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 (Mercer) whose contact details are on the reverse of this form.

SECTION ONE

I am not leaving my current employer but wish to transfer my Locked-In (Complying Fund) Accounts in the Dairy Industry Superannuation Scheme to the following KiwiSaver scheme or complying superannuation fund.

Scheme name _____

Contact person _____ Contact phone _____

Address _____

SECTION TWO

Future contributions to the Dairy Industry Superannuation Scheme are to be as follows:

	Total contributions (Please ensure this section is completed)	Locked-In (Complying Fund) Account	Unlocked (standard) Accounts
Member contributions (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 unlocked contributions)	<input type="checkbox"/> 0% or <input type="checkbox"/> 3% of my gross taxable salary or wages to my Locked-In (Complying Fund) Account	<input type="text"/> % The balance of your member contributions go to your Member's Account
Voluntary member contributions (Any regular voluntary contributions in excess of 6% of your gross taxable salary or wages)	Total voluntary contributions: <input type="text"/> % of gross taxable salary or wages	0%	All voluntary contributions go to your Member's Account
Employer contributions	1.5 x subsidised member contributions	Your employer matches your contributions to your Locked-In (Complying Fund) Account	The balance of your employer's contributions go to your Employer's No.1 Account
Employer contributions by way of salary sacrifice contributions (elective (salaried) employees paid on a totally remunerated basis only).	Total contribution rate: <input type="text"/> % of gross taxable salary or wages	<input type="text"/> % of gross taxable salary or wages to my Locked-In (Complying Fund) Account	Balance of salary sacrifice contributions

I understand and acknowledge that any change to my member contribution rate will affect my insurance benefit on death and permanent incapacity.

My signature below authorises:

- The changes shown on this form, and if applicable
- The deduction of the amounts shown in section 2 of this form from my gross taxable salary or wages.

Signed by member _____

Date _____

PLEASE RETURN TO YOUR PAYROLL DEPARTMENT ON COMPLETION.

Company Payroll/Human Resources Authorised Signatory to Complete:

Participating Employer _____

Site _____

Employee Number _____

Date Joined Employer
(as a permanent employee) _____

Elective (totally remunerated member): Yes No

Date of last contribution to Locked-In (Complying Fund) Account

Total Member Contributions to Locked-In (Complying Fund) Account since 1st April last:

\$

Total Employer Contributions to Locked-In (Complying Fund) Account since 1st April last:

\$

Authorised company signature (Payroll/Human Resources Department)

Signed by employer _____

Date _____

PLEASE RETURN TO THE DAIRY INDUSTRY SUPERANNUATION SCHEME

C/- MERCER (N.Z.) LIMITED, PO BOX 1849, WELLINGTON 6140, NEW ZEALAND. TELEPHONE: 0800 355 900 FAX: 04 914 0434