

Please return this completed form to superlife@superlife.co.nz or post to: SuperLife Superannuation Master Trust, PO Box 105262, Auckland 1143. For any questions, please call us on 0800 27 87 37 or +64 9 375 9800 if you're calling us from overseas.

SECTION 1: PERSONAL DETAILS

Member number

Scheme name

State Sector Retirement Savings Scheme

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
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First name

Surname

Home phone

Work phone

Mobile

Email

Occupation (must be supplied)

Home address

Street address	
Suburb	
Town/city	
Country	Postcode

SECTION 2: TAX DETAILS

Note: If you have already provided us with your IRD number and PIR, please ignore this section. If your PIR has changed, please tick the correct PIR. If you haven't given us your IRD number and PIR, we will apply a tax rate of 28% to any taxable income applicable to you for the relevant tax year.

IRD number (Must be supplied)

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Prescribed Investor Rate (PIR) (Tick one)

10.5% 17.5% 28%

Refer to ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate to calculate your PIR.

SECTION 3: EMPLOYMENT DETAILS



TO BE COMPLETED BY THE MEMBER

New employer

Previous employer

Final date of employment with previous employer

D	D	M	M	Y	Y	Y	Y
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SECTION 4: MEMBER CONTRIBUTION DETAILS

Contributions to be deducted from salary each pay day and forwarded to us. Please indicate your level of contributions below:

Member Regular Contributions	<input type="text"/>	%	(minimum contribution amount of 1.5% of salary)			
Member Voluntary Contributions	<input type="text"/>	%				
Salary Sacrifice Contributions	<input type="text"/>	%	OR	\$	<input type="text"/>	Please refer to your Employer

SECTION 5: PRIVACY AUTHORISATION

The personal information you provide in this form, and any information you provide to us in the future, will be collected by Smartshares Limited (Smartshares), as Manager of the SuperLife Superannuation Master Trust, for purposes relating to the administration, operation, management and marketing of the scheme. Your personal information will be collected, used, stored and disclosed in accordance with the Privacy Act 2020 and SuperLife's Privacy Policy, which is available at superlife.co.nz/legal/privacy-policy.

You have the right to access and request correction to any personal information that you have supplied to Smartshares, by contacting superlife@superlife.co.nz.

SECTION 6: MEMBER AUTHORISATION

I hereby authorise the Manager to transfer my membership and accounts held under my previous Employer to accounts in my name held under my new Employer in the State Sector Retirement Savings Scheme.

I hereby authorise my Employer to deduct contributions in accordance with section 4 of this form.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
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SECTION 7: EMPLOYER CONTRIBUTION DETAILS (IF APPLICABLE)

The Employer will make the following Employer Contribution to your account. Employer Contributions will be forwarded to the Manager in line with your pay day.

Employer name

Employer contribution

 %

Date contributions commence

D	D	M	M	Y	Y	Y	Y
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Employee number

Salary Sacrifice Agreement

Yes No



TEACHERS ONLY

Name of Principal/Board of Trustee Member

School name

Signature

School number

SECTION 8: MEMBER AUTHORISATION

The Employee named in the Application Form is currently a Member of the Scheme and has recently commenced employment with the Employer. The Employer makes the following declarations concerning the Employee:

As at the date of completing this Transfer Between State Sector Employers Form, the Employee meets the Employer's normal criteria for membership of the Scheme.

Name of person signing

Date

D	D	M	M	Y	Y	Y	Y
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Employer's signature