

Preferred provider agreement

Complete this form and return it to **Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.**

("the Employer")

appoints the Summer KiwiSaver scheme ("the Scheme") to be the Employer's chosen KiwiSaver scheme for those of its employees who are automatically enrolled into KiwiSaver or who choose to opt into KiwiSaver and do not choose their own 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 who are not permanent employees are also eligible to be members of the Scheme where agreed to by the Employer and Forsyth Barr Investment Management Limited ("the Manager").

The Employer authorises Forsyth Barr Investment Management Limited ("the Manager") to notify the Commissioner of Inland Revenue that the Scheme is the Employer's appointed KiwiSaver scheme for the purposes of sections 46 to 49 of the KiwiSaver Act 2006.

The Employer agrees on request by Forsyth Barr Investment Management Limited to verify the identity of any current employee joining or who has joined the Scheme, in accordance with the requirements of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009. The Employer will provide copies of that verification information to Trustees Executors Limited and Forsyth Barr Investment Management Limited when requested by either of them.

The Employer agrees to comply with its obligations under the KiwiSaver legislation with respect to the Scheme, and to distribute the Scheme's Product Disclosure Statement to employees prior to them joining.

The Scheme will remain the Employer's appointed KiwiSaver scheme until written revocation of this appointment is received by Forsyth Barr Investment Management Limited ("the Manager") and the Inland Revenue on behalf of the Employer.

Employer registered company name:	
Employer IRD number:	<input type="text"/>
Employer address:	
Street no./Name/PO Box:	
Suburb/RD no.:	
Town/City:	Postcode:
Country: New Zealand	
Contact person:	
Position:	Phone:
Email:	

The Employer authorises Forsyth Barr Investment Management Limited to pass on the information above to the Commissioner of Inland Revenue on behalf of the Employer.

Name:	
Position:	
Signature:	Date:
	<input type="text"/>
	Day Month Year

For office use only:

Investment Adviser:
