

# SBS Wealth KiwiSaver Scheme Preferred Provider Form

Use this form to elect the SBS Wealth KiwiSaver Scheme ("Scheme") as the default KiwiSaver scheme for your employees. Before completing this form you should refer to the current Product Disclosure Statement ("PDS") for information about the Scheme. You can find the latest PDS at [www.sbswealth.co.nz](http://www.sbswealth.co.nz).

If you require assistance completing this form then please contact us **0800 727 935** or email us at [contact@sbswealth.co.nz](mailto:contact@sbswealth.co.nz). For more information, refer to the IRD KiwiSaver employer guide.

## Section 1: Employer's details ("Employer")

Name of employer	<input type="text"/>	IRD number	<input type="text"/>
Company postal address	<input type="text"/>		
		Postcode	<input type="text"/>
Contact name	<input type="text"/>	Position	<input type="text"/>
Contact phone	<input type="text"/>	Email address	<input type="text"/>

## Section 2: Privacy policy

For the latest version of our Privacy Policy please see [www.sbswealth.co.nz/privacy-policy/](http://www.sbswealth.co.nz/privacy-policy/).

I confirm that I have read and understood the Privacy Policy and consent to the collection, use, disclosure and retention of my personal information for the purposes of processing this application, managing my membership of the Scheme and as otherwise in accordance with the terms of the Privacy Policy.

## Section 3: Employer Authorised Signatory(s)

### Signatory 1

Full name	<input type="text"/>
Position	<input type="text"/>
Contact number	<input type="text"/>

### Signatory 2 (if applicable)

Full name	<input type="text"/>
Position	<input type="text"/>
Contact number	<input type="text"/>

## Section 4: Declaration

The authorised signatory(s) detailed in section 3 declare and agree that:

- 1 I/We have the authority to submit this form on behalf of the Employer set out under the heading “Employer’s Details”.
- 2 I/We have received a copy of the current PDS for the Scheme and have read it in full.
- 3 I/We have read the information set out above under the heading “Privacy Policy” and authorise the use of my personal information in the manner set out under that heading.
- 4 The Employer will provide a copy of the Scheme’s current PDS to all new employees.
- 5 Pursuant to section 47(1)(a) of the KiwiSaver Act, SBS Wealth will provide access to the Scheme for the Employer’s employees and, if an employee does not elect another scheme, they will become a member of the SBS Wealth KiwiSaver Scheme.
- 6 Pursuant to section 47(1)(b) of the KiwiSaver Act, SBS Wealth is authorised to provide notice to the IRD that the Scheme is the default for the Employer.
- 7 I/We declare that all the information contained in this form is true and correct.

Authorised signatory 1 <input style="width: 90%;" type="text"/> Date <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Authorised signatory 2 <input style="width: 90%;" type="text"/> Date <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
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### Return form

Please return the completed form and any requested supporting documents to us by email:

Email: [contact@sbswealth.co.nz](mailto:contact@sbswealth.co.nz)

Please call us on **0800 727 935** if you need any help.

### FANZ USE ONLY

Staff name

Referral branch

Adviser code

Emailed employer the current PDS & application form

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Email this form: [contact@sbswealth.co.nz](mailto:contact@sbswealth.co.nz)

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