

Member Election Form

Complete and return to: AonSaver, PO Box 3167, Shortland St, Auckland 1140 or fax to: (09) 362 9821 or email to: aonsaver@aon.co.nz

To the Trustee of the AonSaver Scheme

Name _____
Given Names _____ Surname _____

Date of Birth ____ / ____ / ____ Sex M F

1. Gross Taxable Earnings

My prescribed investor tax rate is (please tick one box):

10.5% 17.5% 28%

Please refer to page 15 of the Investment Statement to determine the correct rate.

My IRD Tax Number:

2. Investment Election

OnePath Cash	<input type="checkbox"/>	Russell LifePoints® 2015	<input type="checkbox"/>
Tyndall NZ Cash Fund	<input type="checkbox"/>	Russell LifePoints® 2025	<input type="checkbox"/>
Russell LifePoints® Conservative	<input type="checkbox"/>	Russell LifePoints® 2035	<input type="checkbox"/>
Russell LifePoints® Moderate	<input type="checkbox"/>	Russell LifePoints® 2045	<input type="checkbox"/>
OnePath Balanced Fund	<input type="checkbox"/>		
Tyndall Balanced Fund	<input type="checkbox"/>		
Russell LifePoints® Balanced	<input type="checkbox"/>		
Russell LifePoints® Growth	<input type="checkbox"/>		
Milford Fund	<input type="checkbox"/>		

You may choose to invest in up to four (4) of the above Investment Options. Your savings will be invested evenly across the Investment Options you select. If you do not make an election your contributions will be invested in the Investment Option selected by the Manager.

Details of the above Investment Funds are set out in the Investment Statement under *What are my risks?*, page 16

3. Verification of Identity (self-employed, non-earners and children only)

As verification of my identity I attach a copy of (please tick one box):

Driver's Licence Passport
 Birth Certificate Utility Account e.g. telephone or power bill

Signature _____ Date ____ / ____ / ____

Signature (all Parents or Guardians if under 16 years - this is a compulsory requirement) _____

Signature (Parents or Guardian if under 18 years - this is a compulsory requirement) _____