

Member Enrolment Form (AS2)

Complete and return to: AonSaver, PO Box 3167, Auckland 1140 or fax to: (09) 362 9821

Section A

Are you a NZ citizen or do you have NZ residency? Yes No

Your Details Mr Mrs Ms Miss Other _____

First Name(s)* _____ Surname _____

 IRD Number* _____ Date of Birth _____ / _____ / _____

Your Postal Address

 Postal Line 1*

 Postal Line 2* _____ Postcode _____

Your Phone Number(s)

 Day _____ Mobile _____

Your Email Address

Your Employer's Name

How did you hear about us?

Aon PGG Wrightson KiwiSave.com PIS KiwiSaver/IRD Russell

 Broker/Advisor/Accountant Name

Section B

Are you an existing KiwiSaver member? Yes No Scheme Name: _____

Do you currently receive salary or wage payments? Yes No _____

If yes, what percentage of salary/wage will you be contributing? 2% 4% 8% _____

I have received a copy of the AonSaver Investment Statement Yes No _____

Non-employee and those over 18 years minimum contribution \$200 per year or minimum \$20 per month direct debit.

Cheque enclosed **Direct Debit Enclosed**

I confirm that I wish to enrol in the AonSaver Scheme

Signature _____ Date _____ / _____ / _____

Signature (Parent or Guardian if under 18 years) _____

Privacy Act 1993 Statement

Personal information in this Enrolment Form and any further personal information which I may provide at any time may be disclosed to the Manager and the Trustee and any other entity that provides services in relation to AonSaver, and may be used for the purposes of administering AonSaver. The Manager and the Trustee may pass this information to the Aon Group for the purpose of introducing other products or services to me. Initial the box if you do not consent to receiving material on new products or services.

Section C (employer to complete)

Employer Name _____ Employer Phone _____

I confirm that this employee's identity has been verified Signature _____

Name _____ Date _____ / _____ / _____

Please send completed form to Aon Consulting, PO Box 3167, Auckland 1140. Fax (09) 362 9821