

Please give this completed form to your employer





## KiwiSaver deduction form (employee to complete and give to employer)

		KiwiSaver Act 2006	
Y	Ise this form to provide your details to your employer if you are: starting new employment an existing employee and want to opt into KiwiSaver a KiwiSaver member and want to change your contribution rate. You are not eligible to join KiwiSaver if: You are not a New Zealand citizen, or are not entitled to stay in New Zealand indefinitely, or You are over the age of eligibility for New Zealand Superannuation (NZ Super: 65 years and over).		
0	Section A	General Please put a dash to indicate your situation eg	
	. Are you a KiwiSavo	er - Yes. Go to Question 2 - No. Go to Question 3	
	-	ibutions — — Yes. See note below — — No. Go to Question 3  tions holiday notice you must show it to your employer to prevent them making KiwiSaver deductions.  notice, you can get a replacement by calling us on 0800 549 472	
-	Section B  You must provide you	Personal details Please use BLOCKLETTERS  IRD, name and address.	
	. Your IRD number	If you don't know your IRD number or you don't have one, call us on 0800 549 472	
	. Your name	Mr Mrs Miss Ms Other Put a dash to indicate your title	
	A N N A		
	First names		
	S A T A N I	N A	
	Surname		
	. Your postal address	Street number Street address or PO Box number	
		Suburb, box lobby or RD	
		A U C K L A N D 1 0 1 0 Town or city Postcode	
6.	. Your contact		
	numbers	Day Mobile	
	. Your email address	A N N A . S A T A N I N A @ G M A I L . C O M	
		If you give an email address you may receive KiwiSaver information by email	
	Section C	Contributions	
8. Choose a contribution rate: - 3% - 4% - 8%  You can only choose 3%, 4% or 8%. If you don't choose a rate, the default rate of 3% will be deducted.			
9	. I declare that the	nformation I have provided on this form is true and correct. Signature	
		Date 10/01/2018	