



KS10 0509

March 2017

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**KiwiSaver**<sup>™</sup>  
*Poua he Oranga*  
**KiwiSaver Act 2006**

## Opt-out request

Use this form to opt out if you have been automatically enrolled, are a minor who was incorrectly enrolled, and you don't want to be a member of KiwiSaver. Or go to [www.kiwisaver.govt.nz](http://www.kiwisaver.govt.nz) to complete our online form. Please read the notes on the back to help you fill in this form.

## Section A Personal details Please use BLOCK LETTERS

**3. Your IRD number**

If you don't know your IRD number or you don't have one, call us on 0800 549 472

2. Your name  Mr  Mrs  Miss  Ms Other   
Put a dash to indicate your title

[illegible]

First names

[illegible]

Surname

3. Your postal address

Street number	Street address or PO Box number														
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Street number

Street address or PO Box number

Suburb, box lobby or RD

[illegible]

Town or city

Postcode

[illegible]

Day

Mobile

5. Your email address

If you give an email address you may receive KiwiSaver information by email

6. Bank account details

Bank	Branch	Account number	Suffix
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Bank

Branch

Account number

Suffix

Name of account holder

7. I wish to opt out of KiwiSaver  Date 10/01/2018

## Section B Employment details Please use BLOCK LETTERS

8. Employer's IRD number         If you don't have your employer's IRD number ask them for it.

[illegible]

10. Employer's start date  Give this form to your employer or send it to Inland Revenue.

Section C
Late opt-out
 Please read the notes on the back of this form
 BLOCK LETTERS

11. If your request to opt out is more than eight weeks after you started employment, or you are a minor who was incorrectly enrolled, please give a reason for your late opt-out request.