





## 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 to complete our online form. Please read the notes on the back to help you fill in this form.

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O Section A	Personal details Please use BLOCKLETTERS
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
A N N A	
First names	
S A T A N	INA
Surname	
3. 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
4. Your contact numbers	Day Mobile
5. 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
6. Bank account details	Bank Branch Account number Suffix
7. I wish to opt out of KiwiSaver	Name of account holder  Date 09/01/2018
Section B	Employment details Please use BLOCKLETTERS
8. Employer's IRD number	f you don't have your employer's IRD number ask them for it.
9. Employer's business name	
10. Employer's start	09/01/2018 Give this form to your employer or send it to Inland Revenue.
O Section C	Late opt-out Please read the notes on the back of this form BLOCKLETTERS
•	o opt out is more than eight weeks after you started employment, or you are a minor who was incorrectly enrolled, son for your late opt-out request.