

Application Form

This is an application to invest in the Generate KiwiSaver Scheme (Scheme). For help completing this form, please phone 0800 855 322

Personal Details

TitleMrsFirst Name testMiddle Name

Surname testPreferred First Name

Date Of Birth03081983Daytime Phone 09-123

Mobile -mEmail mark@uniondigital.co.nz

Postal Address afd

Suburb afdCity asfPostcode saf

IRD No*123456456If you don't know your IRD number, please call the IRD on 0800 227 774

Prescribed Investor Rate10.5%17.5%28%Please see page 14 to determine your PIR rate, if a rate is not selected, the default rate of 28% will apply.

Contribution Details

Employment Status

Which category best describes your (or the Applicants) status?EmployedSelf-employedNot employedUnder 18

Employer Name emp[loyerEmployer Address addy

Contribution Details

If you are employed (and currently paid through PAYE), please select the amount you wish to contribute from your pay. Your employer will deduct this amount from your pay (along with your PAYE tax).3%4%8%

If you are employed, not employed, under 18 and would like to make regular contributions, please tell us how much you would like to contribute and how often. you will have to also complete an attached Direct Debit Authority Form.Regular contribution amount \$

If you would like to make a one-off contribution, please fill out the amount you would like to contribute and attach a cheque. Anyone can contribute to an Applicants account or to an existing member account.One off contribution amount \$

* Weekly and Fortnightly direct debits will be processed on a Thursday and Monthly direct debits will be processed on the last working day of the month. The minimum direct debit amount is \$10.

Investment Strategy*

Lifestages automatic selection

☐ By selecting Lifestages your KiwiSaver funds will automatically be invested across our three funds based on your age. Please see pages 10-11 for more details.

* If you do not choose an Investment Strategy your KiwiSaver balance will be allocated to Lifestages by default.

Choose your own

You may invest in any one fund or you can choose to invest a percentage in two or three funds. Please see pages 10-11 for more details.

☒ Absolute Growth100%

☐ Growth

☐ Conservative

☒ Total (must add to 100%)100%

Existing KiwiSaver Member

Are you a member of another KiwiSaver SchemeYesNo

Name of Scheme (if known)

Transfers (if applicable)

☐ Australian Super

☐ UK Pension

☒ Non-KiwiSaver NZ Superannuation Scheme

Name of Scheme:

Name of Scheme:

Name of Scheme: Non-KiwiSaver NZ superannuation scheme

Communication and Reporting

By signing this Application form I consent to receive all forms of communication via email unless I tick the box below to receive all communication or information by post. Otherwise I will agree to receive Scheme newsletters, transaction statements, annual PIE Tax certificate, and all other member news, events and member information by email. I also consent to receiving a web hyperlink for access to electronic copies of the Scheme annual reports. Please ensure you have given us an up-to-date email address if you choose this option.

☒ Please only tick if you would prefer to receive all communication or information by post

Verification of Identity

Please provide a photocopy of any one of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> New Zealand Drivers License | <input type="checkbox"/> New Zealand or Australian Passport (identification pages)* | <input type="checkbox"/> Marriage Certificate |
| <input type="checkbox"/> New Zealand Bank Credit Card | <input type="checkbox"/> Birth Certificate (required for under 16 year olds)** | <input type="checkbox"/> Community Services Card |
| <input type="checkbox"/> Tertiary student photo ID | <input type="checkbox"/> Firearms License | |

* If your passport is not a New Zealand or Australian Passport, please also provide a photocopy of your residency documents or New Zealand Birth Certificate.

** A Birth certificate is required for minors under 16 years of age, unless the child is transferring from another KiwiSaver Scheme when any of the forms of identification above will be acceptable. If you are signing as a parent or guardian, you must also provide any one of the forms of identification above. If you are not a parent listed on the minors Birth Certificate, then we will require proof of guardianship - please call us for details on 0800 855 322.

Privacy Act

Generate Investment Management Limited, Public Trust, any of their authorised agents, and any distributor assisting with the application (each an "Authorised Person") may collect personal information about the member provided in connection with this application or the Scheme, will (or through Aon New Zealand Limited will) hold the information securely and may use the personal information to manage the member's investment in the Scheme, to communicate with the member or to promote other products and services to the member. The member may ask that he or she be shown the information held about the member, and if any of the information is incorrect, ask for it to be corrected. The addresses for Generate Investment Management Limited, Public Trust and Aon New Zealand Limited are set out in the Directory of the investment statement and prospectus for the Scheme.

Declarations and Authorisations

I wish to apply for membership of the Scheme for me, or, where indicated, for my child or dependant. I confirm that I have received, read and understood the current Generate KiwiSaver Scheme investment statement dated 13th March 2013 and agree to be bound by the terms and conditions set out in the investment statement, prospectus and Trust Deed governing the Scheme. I understand that if a transaction request is invalid or insufficient information is provided, it will not be processed until valid documentation is received. I understand that, if I am a member of another KiwiSaver scheme, my balance in that KiwiSaver scheme will be transferred to the Scheme if my application is accepted. I authorise the manager or trustee of that KiwiSaver scheme to provide the Manager or Trustee of the Scheme with personal information about me as necessary to complete the transfer. I understand that neither the Manager nor the Trustee has represented or implied that any particular Fund or investment strategy is appropriate for my particular circumstances or provided me with either class advice or personalised advice. I understand that investments in the Scheme are subject to investment risk and that the value of my investment may rise and fall from time to time. I understand that the distributor through which I joined the Scheme (if applicable) may be remunerated by the Manager for distributing the Scheme. I acknowledge that none of the Manager, the Trustee and any distributor through which I joined the Scheme will be liable to me for any loss as a consequence of them accepting or acting on instructions from me or an authorised signatory in respect of my membership in the Scheme (and that none of the Manager, the Trustee, or any other person (including the Crown) guarantees the performance of the Scheme or the repayment of any money payable from the Scheme). I confirm that I meet the eligibility criteria for joining the Scheme as set out on page 15 of the investment statement and that all of the information in this application form is true and correct. I agree to notify the Manager immediately if there is any change of the information given in this application form.

I confirm that I have read and accept the "Declarations" in the above section.

And/Or if signing on behalf of an applicant under 18, I confirm that I am a legal Parent or Guardian of the applicant. I confirm that I have read and accepted the "Declarations" in the above section on behalf of the applicant. If I am the only person signing as a parent or guardian, I confirm that I am the sole legal Parent or Guardian.

If the applicant is aged 16 or 17 and joining KiwiSaver for the first time, only one parent/guardian is required to sign along with the applicant.

If the applicant is aged 16 or 17 and is already a member of a KiwiSaver scheme; or is married, in a civil union or a de facto relationship, the applicant alone can sign.

If the applicant is aged 15 and under and joining KiwiSaver for the first time, all parents/guardians must sign. If the applicant is aged 15 and under and is already a member of a KiwiSaver Scheme, one parent or guardian can sign, provided they have the consent of all of the applicant's other parent(s)/guardian(s).

Signature of Applicant
(if 16 years or older)

Signature of Parent/Guardian
(if applicant under 18)

Signature of Parent/Guardian
(if applicant under 18)

Date

Date

Date

Distributor Information (Internal Use Only)

Name of Distributor _____ Distributor Code _____ Distributor Group Code _____

Company (if applicable) _____

Mailing Details

Please mail the application form, together with your cheque (if applicable) and other relevant documentation to:
Generate KiwiSaver Scheme, PO Box 91609, Victoria Street West, Auckland 1142