

Letter of appointment preferred provider agreement

Please print in black or blue pen, in uppercase, or complete this form online.

(the 'Employer')

agrees by signing this letter to choose the Mercer KiwiSaver scheme (the 'Scheme') as the Employer's chosen KiwiSaver scheme in accordance with section 47(1)(a) of the KiwiSaver Act 2006.

Mercer (N.Z.) Limited (the 'Manager') acknowledges that the Employer chooses the Scheme as its employer chosen KiwiSaver scheme and confirms that it will provide access to the Scheme for the Employer's employees.

By signing this letter, the Employer authorises the Manager to give notice to the Commissioner of Inland Revenue on behalf of the Employer in accordance with section 47(1)(b) of the KiwiSaver Act 2006. The Employer's choice of the Scheme will be effective from the date the notice is accepted by the Commissioner of Inland Revenue.

By signing this letter, the Employer agrees to provide each new employee, and where relevant existing employees, with the Mercer KiwiSaver scheme product disclosure statement before the employee joins the Scheme.

Registered name of Employer Company

Employer IRD number

Physical Address

Number

Street

Suburb

City

Postcode

Postal address (if different from above)

Postcode

Number of welcome packs required

Number of employees

Signed on behalf of the Employer Company

Authorised Signature(s)

X

Date / /

Print Full Name(s)

Position Title

Email address

Witness (if required)

X

Mercer (N.Z) Limited

Signed on behalf of the Manager

X

Date / /

Print Full Name(s)

Phone

Please return your completed form to:
Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140
New Zealand