



Member Number

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Scheme Name

State Sector Retirement Savings Scheme (ASB)



1. Member Details: This information will be treated in the strictest confidence.

1 Full Name

2 First Names

3 Title Other

Mr
 Mrs
 Miss
 Ms

4 Home Address

5 Telephone Home Work

6 Mobile Fax

7 Email Address



2. Employment details: To be completed by the Member

New Employer

Final date of Employment with previous Employer

Previous Employer



3. Member Contribution Details - Employee

Contributions to be deducted from salary each pay day and forwarded to the Trustee. Please indicate your level of contributions below:

Member Regular Contributions % (minimum contribution amount of 1.5% of salary)

Member Voluntary Contributions %

Salary Sacrifice Contributions % **OR** \$ Please refer to your Employer



4. Privacy Authorisation

Pursuant to the PRIVACY ACT 1993 I understand that:

The personal information provided by me/us will be held by the Trustee of ASB Superannuation Master Trust (Public Trust), ASB Group Investments Limited, ASB Bank Limited, PO Box 35, Shortland Street, Auckland 1140, your Employer and the State Services Commission, 100 Molesworth Street, Thorndon, Wellington.

This information may be disclosed to, and held by, the following:

- > the Manager of my nominated investments;
- > the advisers of the State Services Commission, my Employer and other members of the ASB Group of Companies.

This and any other personal information obtained will be used for purposes relating to:

- > the administration, marketing, operation, management and investment of the Scheme;
- > the payment of withdrawals to me;
- > statistical purposes;
- > keeping me informed about the Scheme and other financial opportunities, products or services offered by the ASB Group of Companies; research and direct marketing companies employed by the ASB Group of Companies, for the purpose of undertaking customer surveys and research.

I have rights of access to, and correction of, personal information supplied to and held by ASB Group of Companies.



> 5. Member Authorisation

I hereby authorise the Trustee to transfer my membership and accounts held under my previous Employer to accounts in my name held under my new Employer in the State Sector Retirement Savings Scheme (ASB).

I hereby authorise my Employer to deduct contributions in accordance with section 2 of this form.

Member's Signature

Date

| | | | | | | | |
|-----|--|-------|--|------|--|--|--|
| | | | | | | | |
| Day | | Month | | Year | | | |

> 6. Employer Contribution Details (if applicable)

The Employer will make the following Employer Contribution in respect of the Member. Employer Contributions will be forwarded to the Trustee in line with the Member's pay day.

Employer Name

Employer Contribution

 %

Date contributions commence

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|-----|--|-------|--|------|--|--|--|
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| Day | | Month | | Year | | | |

Employee Number

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Salary Sacrifice Agreement

 Yes No

TEACHERS ONLY

Name of Principal/Board of Trustee Member

Signature

School Name

School Number

> 7. Employer Authorisations

The Employee named in the Application Form is currently a Member of the Scheme and has recently commenced employment with the Employer. The Employer makes the following declarations concerning the Employee:

As at the date of completing this Transfer Between Employers Form, the Employee meets the Employer's normal criteria for membership of the Scheme.

Signed by Employer

Name of person signing

Date

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|-----|--|-------|--|------|--|--|--|
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| Day | | Month | | Year | | | |