

Member number

S	S	R	S	S										
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Scheme name

State Sector Retirement Savings Scheme (ASB)
--

1. Personal details

Title Other

First names

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Home address

Post code:

Telephone home Work

Mobile Fax

Email

IRD number

Prescribed Investor Rate (PIR) (please tick one):
 10.5% 17.5% 28%

Refer to asb.co.nz/PIR to calculate your PIR.

Note: If you have already provided us with your IRD number and PIR, please ignore this section. If your PIR has changed, please tick the correct PIR. If you haven't given us your IRD number and PIR, we will apply a tax rate of 28% to any taxable income applicable to you for the relevant tax year.

2. Employment details - To be completed by the Member

New employer

Previous employer

Final date of employment with previous employer

3. Member contribution details - employee

Contributions to be deducted from salary each pay day and forwarded to the Manager. 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

The personal information provided by me when I complete this form will be held by the Manager of the ASB Superannuation Master Trust, ASB Group Investments Limited, PO Box 35, Shortland Street, Auckland 1010.

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

- the Supervisor of the ASB Superannuation Master Trust;
- the advisers of the ASB Superannuation Master Trust;
- related companies of the Manager (whether incorporated or constituted in New Zealand or elsewhere);
- my personal financial adviser (if relevant); and
- Inland Revenue.

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

- the administration, marketing, operation and management of the ASB Superannuation Master Trust and/or other products I may have with the Manager or its related companies;
- the payment of withdrawals to me;
- statistical purposes;
- keeping me informed about other financial opportunities, products or services offered by the Manager or its related companies (including via email); and
- customer surveys and research carried out by research and direct marketing companies employed by the Manager or its related companies.

I understand that:

- if I do not want to receive promotional material from the Manager or its related companies at any time, I can tell the Manager and the promotional material will not be sent;
- I have rights of access to, and correction of, the personal information I supply.



5. Member authorisation

I hereby authorise the Manager 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 3 of this form.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

6. Employer contribution details - (if applicable)

The Employer will make the following Employer Contribution to your account. Employer Contributions will be forwarded to the Manager in line with your pay day.

Employer name

Employer contribution

 %

Date contributions commence

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Employee number

--	--	--	--	--	--	--	--	--	--

Salary Sacrifice Agreement

Yes No

TEACHERS ONLY

Name of Principal/Board of Trustee Member

Signature

School name

School number

7. Employer authorisation

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 State Sector Employers Form, the Employee meets the Employer's normal criteria for membership of the Scheme.

Employer's signature

Name of person signing

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please return this completed form to:

Wealth and Insurance Operations, Freepost Authority ASB, PO Box 35, Shortland Street, Auckland 1140.

Freephone 0800 ASB RETIRE (0800 272 738) or +64 9 306 3000 (if calling from overseas) or email retire@asb.co.nz