

# APPLICATION FORM

I WISH TO JOIN AE KIWISAVER PLAN AND HAVE READ THE PRODUCT DISCLOSURE STATEMENT (PDS).

## PERSONAL DETAILS:

IRD NUMBER

YOUR IRD NUMBER IS A UNIQUE NUMBER ISSUED TO YOU BY INLAND REVENUE. SEE [WWW.IRD.GOV.T.NZ](http://WWW.IRD.GOV.T.NZ)

TITLE FIRST NAME (AS PER PHOTO ID PROVIDED)

MIDDLE NAME(S) (AS PER PHOTO ID PROVIDED)

LAST NAME (AS PER PHOTO ID PROVIDED)

PLEASE LIST ANY OTHER NAMES YOU ARE KNOWN BY

PHYSICAL ADDRESS (AS PER PROOF OF ADDRESS PROVIDED)

POST CODE

POSTAL ADDRESS

POSTCODE

DATE OF BIRTH (DD/MM/YYYY)

CONTACT PHONE NUMBER (LANDLINE)

MOBILE PHONE NUMBER

EMAIL ADDRESS

PLEASE TICK IF YOU ARE A MEMBER OF ANOTHER KIWISAVER SCHEME

IF NOT PLEASE COMPLETE THE **KS2 FORM** AND GIVE IT TO YOUR EMPLOYER TO START CONTRIBUTING TO YOUR SAVINGS

## PRESCRIBED INVESTOR RATE (PIR): (PLEASE TICK ONE ONLY)

PLEASE SELECT ONE OF THE RATES

10.5%

17.5%

28%

INCOME LESS THAN \$14,000

INCOME BETWEEN \$14,000-\$48,000

INCOME GREATER THAN \$48,000

*A PIR is the tax rate that we calculate the tax on the income we derive from investing your money. Your PIR is based on your taxable income. Please see Section 6 of the Product Disclosure Statement (PDS); or call us or go to [www.ird.govt.nz](http://www.ird.govt.nz)*

## CONTRIBUTION DETAILS:

1. EMPLOYMENT STATUS

EMPLOYED

SELF-EMPLOYED

NOT EMPLOYED

2.OCCUPATION (IF APPLICABLE)

## DECLARATION:

I wish to apply for membership of AE KiwiSaver Plan (the Scheme) for me, or, where indicated, for my child or dependant. I confirm that I have read a copy of the Product Disclosure Statement dated 24 February 2023 and agree to be bound by the terms and conditions of the Product Disclosure Statement and trust deed governing the Scheme. I understand that if I am a member of another KiwiSaver scheme, my balance will be transferred to the Scheme upon acceptance of this application. I understand that the Scheme is a long-term investment vehicle and that investments in the Scheme are subject to investment risk and the value of my investment may rise and fall from time to time. I understand the manner in which fees will be deducted from my investment. I acknowledge that neither the Supervisor nor the Manager will be liable to me for any loss as a consequence of any investment direction given in accordance with the trust deed, and that none of the Manager, Supervisor, Crown or any other person guarantees the performance of the Scheme or the repayment of any money payable by the Scheme. I confirm I meet the eligibility criteria for joining the Scheme as set out on page 4 of the Product Disclosure Statement (under the heading "Joining the Scheme").

## APPLICANT:

SIGNATURE

DATE

NAME (AS PER PHOTO ID PROVIDED)

**PLEASE NOTE: If the applicant is 16 or 17, the applicant and one legal guardian must co-sign. If the applicant is under 16, both legal guardians must sign on behalf of the applicant. Legal guardians must provide supporting identification documents in accordance with the requirements in the guide to joining AE KiwiSaver Plan.**

**PARENT/GUARDIAN:**

SIGNATURE

DATE

NAME

RELATIONSHIP TO APPLICANT

**PARENT/GUARDIAN:**

SIGNATURE

DATE

NAME

RELATIONSHIP TO APPLICANT

## TERMS OF APPLICATION:

**EMAIL CORRESPONDENCE:** By signing this application form, I consent to receive all forms of correspondence via email, or, the online member portal. I also agree to receiving a web link for access to electronic copies of AE KiwiSaver Plan's annual report. **Please ensure you provide a current email address.**

**PRIVACY ACT:** The information you provide us either in this application or in the future may be used by the Manager, the Supervisor and any related entities of either, the Financial Markets Authority (FMA), your financial adviser or the distribution entity through which you joined AE KiwiSaver Plan (if applicable), and by other service providers to AE KiwiSaver Plan to provide services in relation to your investment. You may ask to be shown the information held about you, and if any of the information is incorrect, ask for it to be corrected. On request we will also provide you with the name and address of any entity to which information has been disclosed. If you do not provide the information requested on this application form, we may be unable to process your application.

## MAKING CONTRIBUTIONS:

### EMPLOYED

If you are employed, your regular contributions will be made by your employer. You advise your employer of the contribution rate (options are 3%, 4%, 6%, 8% and 10%). You can also make voluntary contributions directly to us.

### NOT EMPLOYED OR SELF-EMPLOYED

If you are not employed or are self-employed, under 18, retired (and not working), you are not required to make regular contributions but can choose to make voluntary contributions in the following ways:

- Scheduled Automatic Payments from your bank account to us
- One-off payments from your bank account to us
- Cheque
- IRD – using the Pay Tax option on your internet banking. You need to include your IRD number, the tax type 'KSS' and a period '0' (zero):

## AE KIWISAVER PLAN BANK ACCOUNT DETAILS

**ACCOUNT NAME:** AE Nominees Limited  
**ACCOUNT NUMBER:** 12-3198-0066681-02

**Please supply the following details when making a payment :**

**Particulars:** Investor First Name

**Code:** Investor Family Name

**Reference:** IRD number (8 or 9 digits only – no spaces or extra characters)

## SUPPORTING DOCUMENTS:

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires us to verify the identity of new clients and, periodically reconfirm information about existing clients.

If you are unable to provide the required documentation, please contact us 0800 4 262624 or info@always-ethical.com and we will work with you to arrange suitable alternative documentation.

**PERSONS AGED 18 OR OVER:** We will require identity and address verification documents for the applicant.

**PERSONS UNDER 18:** We will require identity and address verification documents for the applicant (if available) and for their parents/guardians who have co-signed the application.

## IDENTITY DOCUMENTS

### PERSONS 18 AND OVER

#### OPTION 1

Passport (pages containing name, date of birth, photograph and signature)

New Zealand driver's licence

### PERSONS 18 AND OVER

#### OPTION 2

Full birth certificate

**Plus one of the following:**

Overseas driver's licence

18+ card

### CHILDREN (UNDER 18)

**One of the following:**

Full birth certificate

Passport

**Plus identification (as per option 1 or 2) for parents/guardians who have co-signed the application.**

**Please note: If you are supplying foreign identity documents you must also supply proof of New Zealand residency.**

## CERTIFYING DOCUMENTS

Please forward your documents to info@always-ethical.com and our staff will contact you and certify the documents. Alternatively: Copies of your identity documents must be legible, and certified by a representative from the Manager or an approved referee.

An approved referee must be at least 16 years of age and one of the following: Police officer, Justice of the Peace, New Zealand registered lawyer, accountant, doctor or teacher, Notary Public or a Member of Parliament who is not related to you or your spouse and does not live at the same address as you. The approved referee must view the original version of the document (not a copy), before writing their name, occupation, date, signature and a statement to the effect that the document is a certified copy of the original document sighted.

## PROOF OF ADDRESS DOCUMENTS

Please provide a copy of one of the following documents dated within the last 6 months (does not need to be certified): Bank Statement, New Zealand Government Department statement or New Zealand utility company statement (i.e. electricity, gas, phone, SKY).

# WHAT HAPPENS NEXT?



## **CONFIRMATION OF APPLICATION:**

Once we have received your application, we will contact you if we require any further information. If no further information is required, we will send you a welcome letter by email which will also outline your details as we have recorded them in our system.

## **TRANSFERRING FROM ANOTHER KIWISAVER SCHEME?**

If you are already a member of another KiwiSaver scheme, we will arrange with your previous scheme provider to transfer your KiwiSaver savings to AE KiwiSaver Plan. This transfer process may take up to 10 days - this is the maximum period your previous scheme provider has to transfer your savings to your new scheme. Once you join AE KiwiSaver Plan will receive a letter from Inland Revenue which states that you have changed KiwiSaver schemes - this letter only indicates a change in your enrolment and does not necessarily mean that your savings have already been transferred to AE KiwiSaver Plan.

## **CHECKING YOUR ACCOUNT BALANCE**

You are able to check your account balance using our online member portal. We will provide you with your registration details once your application has been processed in our system. We will also send you an annual statement of your account movements by email.

Please remember that contributions processed through Inland Revenue (such as employee and employer contributions) may take up to 3 months to reach your KiwiSaver account, which means that your account balance may not match the amounts contributed from your pay immediately.

## **ANY OTHER INQUIRIES?**

If you have any questions about AE KiwiSaver Plan or Always-Ethical's other products, please do not hesitate to contact us using the details below. If you require assistance with your application, please contact us and we can arrange for a team member to assist you.

**CONTACT US**  
**ALWAYS-ETHICAL LIMITED**

**FREEPHONE: 0800 4 262624**  
**PHONE: +64 9 304 0555**  
**EMAIL: INFO@ALWAYS-ETHICAL.COM**  
**WEBSITE: WWW.ALWAYS-ETHICAL.COM**