

## A Application to join or recommence contributions on joining a new Employer

PLEASE USE BLOCK LETTERS TO BE COMPLETED BY THE EMPLOYEE

### To the Board of Trustees of the National Provident Fund (Board)

1. I have received and read the Information Booklet dated 5 December 2023 for the Lump Sum National Scheme (the Scheme) and:

- I ELECT TO JOIN/RECOMMENCE CONTRIBUTIONS TO the Locked-in section of the Scheme (the Locked-in Scheme)
- I ELECT TO JOIN/RECOMMENCE CONTRIBUTIONS TO the existing (non locked-in) section of the Scheme (the Existing Scheme)

If you wish to elect to join or recommence contributions to both the Locked-in Scheme and the Existing Scheme, please tick both boxes.

2. I UNDERSTAND THAT by signing this application to join and electing to contribute to the Locked-in Scheme:

- My contributions to the Locked-in Scheme must be at least 3% of my base salary (being my before tax salary, excluding bonuses or allowances).
- I will not be able to withdraw my Locked-in Total Credit (employee and employer contributions) under normal circumstances until the later of:
  - the date when I reach New Zealand superannuation qualification age (which is currently age 65); or
  - the date I complete 5 years' membership of a complying superannuation fund or a KiwiSaver scheme.
- All contributions paid into the Locked-in Scheme will be subject to the 'complying fund rules'.
- The minimum contributions that I am or my employer is required to make may increase in future, if required under legislation. To confirm the current minimum contribution rate please call Datacom on 0800 628 776.

3. I HEREBY AUTHORISE the following contributions to be made by way of deduction from my salary: (You may tick one or both boxes)

- I elect to commence deductions of \$  per pay period OR  % of my base salary to the Locked-in Scheme
- I elect to commence deductions of \$  per pay period OR  % of my base salary to the Existing Scheme

4. My IRD number is:

Please specify which National Provident Fund Scheme you were a member of on 31 March 1991:

Scheme Name

Surname

First names

Date of birth  Gender (Please circle)  MALE  FEMALE

Address

Telephone numbers Home  Business

Your signature  Date

Please return completed form to:  
NPF Schemes Administration, Datacom Connect Limited, Freepost 1060, PO Box 1036, Wellington 6140.

## B Employer confirmation

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(Insert name of employer)

agrees to become a participating employer on behalf of this employee and will, on request, provide all information reasonably required by the board to Datacom to enable it to assess whether the correct amount or rate of any contribution (either by the employee or the employer) has been paid to the Scheme.

The employer confirms employee contributions and employer contributions will be made in accordance with the contributor's instructions set out on page 1 and remitted to Datacom.

Signature

Date

DD / MM / YYYY

Name

Position

Postal address

Postcode

Phone number

Fax number

Email address

### For completion by Datacom

Employer contract number

Employee contract number

Employee ID number

Scheme number

### Privacy Act Statement

The personal information you supply by completing this form is being collected by Datacom Connect Limited (**Datacom**), as administrator of the National Provident Fund Schemes (the **Schemes**) on behalf of the Board of Trustees of the National Provident Fund (the **Board**). The information collected in this form will be held by Datacom and will be stored electronically within New Zealand. It will be used to process any election under this form and/or update your member record. It may also be used to contact you in the future.

The information may be exchanged between the Board and Datacom. It may be disclosed to third parties such as Annuitas Management Limited (provider of executive office/secretariat service to the Board) or agents of the Board or Datacom or the Inland Revenue in accordance with the Privacy Act 2020, for the purpose of the ongoing management and administration of the Schemes and to enable the Board to fulfil its statutory or legal obligations, such as for tax reporting or anti-money laundering requirements. If you do not provide the information requested, we may not be able to process any election and/or update your member record, as set out in this form. If we are required to disclose your information to any person or entity outside of New Zealand, we will either ensure that the recipient is required to protect your personal information in a way that provides comparable safeguards to those in the Privacy Act 2020, or we will contact you to obtain your authorisation to the disclosure.

By providing your **email address** you consent to Datacom and/or the Board contacting you by email regarding your entitlements under the Schemes and other information about services, as appropriate. If you no longer wish to receive correspondence by email you should complete a Change in Personal Details form or advise Datacom.

You are entitled to access and request correction of the personal information collected in this form in accordance with the Privacy Act 2020. For more detailed information about the Privacy Act you can refer to the website of the Office of the Privacy Commissioner at [www.privacy.org.nz](http://www.privacy.org.nz). The Board's Privacy Policy can be viewed at [www.npf.co.nz](http://www.npf.co.nz).

Please return completed form to:

NPF Schemes Administration, Datacom Connect Limited, Freepost 1060, PO Box 1036, Wellington 6140.

### Board of Trustees of the National Provident Fund

Level 12, The Todd Building  
95 Customhouse Quay  
Wellington 6011

### NPF Schemes Administration

Datacom Connect Limited  
PO Box 1036  
Wellington 6140

### Verification of Identity

Under the Anti-money Laundering and Financing of Terrorism Act 2009 we are required to verify the identity and address of all members. We may contact you to request more information, or we may require additional information before you are able to make a further withdrawal from the Scheme. If we consider that you have not provided all required information, or we have not been able to verify it to our satisfaction, you may not be able to make a withdrawal from the Scheme until such information has been provided by you.

## Nomination Form

Under the provisions of your Scheme's Trust Deed, if your original date of joining the Scheme is on or after 1 January 1996, you may nominate a person to receive a death benefit from your non locked-in account if you die while still a contributor to the Scheme. Nominations cannot be made in relation to locked-in accounts of the Lump Sum National Scheme.

Please note: if you do not nominate a person, any death benefit will be paid direct to your estate or to your legal representative.

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### To the Board of Trustees of the National Provident Fund

Member Contract Number

I (please clearly print your full name)

request that in the event of my death, the Board pays the benefit from the Scheme to the person nominated below:

Full name and address of nominee: *(only one person may be nominated)*

Nominee's name

Nominee's home address

Postcode

Nominee's home phone number

Nominee's relationship to member

Your signature

Date

DD / MM / YYYY

The Board reserves the right to decline any nomination if the nomination would cause the Scheme to lose its status as a qualifying superannuation scheme for the purposes of section EY11 of the Income Tax Act 2007.

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**Wellington 6140.**

**PLEASE READ THE PRIVACY ACT STATEMENT OVERLEAF**

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