



New Zealand Retirement Trust (NZRT) Application by an Associated Employer

Please send this completed form and supporting documents to:
NZRT Customer Services
Freepost 170, PO Box 55
Shortland Street, Auckland 1140
or
Email workplaceadmin@amp.co.nz
If you have any questions, please contact your Adviser.

This form together with the Benefits Schedule constitutes an application for admission to the Workplace Savings Section of the NZRT, in terms of the Financial Markets Conduct Act 2013.
This form can be completed on-screen by typing content directly into the PDF document. Once completed, print, sign and post the form and any supporting documents to the address above.
A disclosure statement is available from your Adviser, on request and free of charge.

*These fields must be completed

(a) Employer details – Please ensure all boxes are fully completed to assist processing

*Associated employer’s name Registered company number

*Postal address Postcode

Physical address Postcode

The associated employer named above applies to participate in the NZRT as an associated employer of

*Main employer name Plan number

Plan name

and if accepted by AMP Wealth Management New Zealand Limited (the “Manager”) as manager of the NZRT, the Employer agrees to be bound by the NZRT Trust Deed and Rules.
This application shall be read in conjunction with the NZRT Trust Deed and Rules, the attached Benefits Schedule(s) and the main employer application form.

*Contact person

Mr Mrs Ms Miss Dr Other

Name Contact person’s position

Please provide at least one contact number
Home phone Work phone Mobile phone

Email

If on separate payroll to the main employer please fill in these details

*Staff are paid Weekly Fortnightly Monthly *Most recent pay date

*Payments to the NZRT will be by Direct credit or Automatic payment

If you do not pay by way of electronic contributions then around the 10th of each month we will send you a payment advice notice.

***Signed by the associated employer**

Director/Authorised signatory of associated employer

Date

SIGN HERE

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|---|---|---|---|---|---|---|---|

Name

Position held

***Signed by the main employer**

Director/Authorised signatory of main employer

Date

SIGN HERE

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Name

Position held

For Office Use Only - Acceptance of employer application

AMP Wealth Management New Zealand Limited accepts the associated employer as a participant in the NZRT

for AMP Wealth Management
New Zealand Limited

Date

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