



Email your form to: workplaceadmin@amp.co.nz

Employer Toolbox Registration Form

Employer Details

*Plan Number

*Employer Name

User Personal Details

Title

Mr Mrs Ms Miss Dr Other

*Last Name

*First Name

Middle Name

*Gender

Male Female

Job Description / Title

Employer Address Details

*Business Address

Suburb

City

Postcode

Country

Other info

User Contact Details

*Business Phone

Mobile Phone

Business Fax

*Business Email

The Employer hereby:

Instructs and authorises AMP Services (NZ) Limited, AMP Wealth Management New Zealand Limited and each other related entity of each of them ("AMP") to:

1. Establish the Employer's staff member identified as the User above as an authorised user of the AMP Employer Toolbox (until written notice to the contrary from the Employer to AMP); and
2. provide to that staff member all necessary passwords and other security details.

Acknowledges and agrees that:

1. It will ensure that the staff member complies with the Terms and Conditions of Use and Privacy Policy of the AMP Employer Toolbox (collectively the "Terms and Conditions"), copies of which have been provided to the Employer and are also available on the AMP Employer Toolbox website; and

2. the Terms and Conditions apply to:

- the staff member's use of AMP Employer Toolbox; and
- the personal information of the staff member, set out in this form.

The individual signing this form on behalf of the Employer: Represents and warrants to AMP that he/she has the authority to: -to sign this form on behalf of the Employer; -to instruct and authorise AMP, as set out in this form; and -to bind the Employer to the acknowledgments and agreements, set out in this form.

The Employer named above, by its duly authorised signatory

*Name

*Position

*Date

*Signed