

# AMP KiwiSaver Scheme

## Employer-chosen KiwiSaver scheme application

(for employers)

Please send this completed form and any supporting documents to:

Email: [kiwisaver@amp.co.nz](mailto:kiwisaver@amp.co.nz)

or

**AMP Services (NZ) Limited**  
 Freepost 170, PO Box 55,  
 Shortland Street, Auckland 1140

**Use this form to select the AMP KiwiSaver Scheme as the employer-chosen KiwiSaver scheme for your business.**

\*These fields must be completed

### Employer IRD Details

Please supply ALL IRD numbers used for PAYE purposes and the corresponding Company Name to each IRD number that has been logged with the Inland Revenue for PAYE purposes.

\*Company Legal Name 1 (Employer Name)

IRD number 1

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

Company Legal Name 2 (Employer Name)

IRD number 2

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

Company Legal Name 3 (Employer Name)

IRD number 3

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

Company Legal Name 4 (Employer Name)

IRD number 4

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

Company Legal Name 5 (Employer Name)

IRD number 5

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

\*Trading name (Registered Company Name)

*(if different - this would be what your company is generally 'known as' or the public name recognised by)*

AMP KiwiSaver Scheme Adviser

### Company contact details:

Title

Mr
  Mrs
  Ms
  Miss
  Dr
  Other

\*First names

\*Surname

Phone (business)

 ( )

Phone (mobile)

 ( )

Email

*Note: The contact details listed here will be used to notify your company of any changes relating to our employer-chosen KiwiSaver scheme agreement. These details can be updated by contacting us on 0800 267 5494.*

### Postal address for correspondence

\*Address

  


\*Suburb

\*City

Postcode

Physical address (if different):

\*Address

\*Suburb

\*City

Postcode

Signature

By signing this form, I acknowledge that I have read and accept the terms and conditions below.

Authorised signatory

Date

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

\*Full name

\*Job title

Adviser use only

Adviser name

B	L	O	C	K		L	E	T	T	E	R	S							
---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Adviser code

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

Acknowledgements - by signing this form I confirm the following:

- I am an authorised signatory of the company named overleaf and have the authority to complete this form on behalf of the named company.
- The company appoints the AMP KiwiSaver Scheme ('Scheme') as the employer-chosen KiwiSaver scheme for the company's employees who will be automatically enrolled into KiwiSaver and those employees who choose to opt in to KiwiSaver.
- I authorise AMP Wealth Management New Zealand Limited ('AMP') or any of its delegates to notify the Commissioner of Inland Revenue that the Scheme is the company's employer-chosen KiwiSaver scheme for the purposes of section 46 of the KiwiSaver Act 2006. The company's choice of Scheme shall be effective from the date the notice is accepted by the Commissioner of Inland Revenue, and may be terminated in accordance with the KiwiSaver Act 2006.
- The company will comply with its obligations under the KiwiSaver Act 2006 and the KiwiSaver Regulations 2006 including distributing the AMP KiwiSaver Scheme Product Disclosure Statement (PDS) and Fund Update Booklet to employees.
- I understand that this appointment will continue until written revocation of the appointment is received by AMP and the Inland Revenue, or the appointment is revoked by AMP and notified to Inland Revenue or the appointment is revoked by Inland Revenue.
- I acknowledge that if the company or a Scheme member has an Adviser, AMP may pay the Adviser a portion of the Management Fee set out in the PDS and Fund Update Booklet.
- I acknowledge that I have rights of access to, and correction of, the information held by AMP or the Supervisor of the AMP KiwiSaver Scheme subject to the provisions of the Privacy Act 1993 and amending legislation. I understand that the information supplied by me with this application and any other information provided in connection with this application either by me, the company named overleaf, the Inland Revenue or any other party, will be used by AMP and the Administration Manager and/or any parties related to them to verify my identity or the identity of the company named overleaf, process this application and to operate the AMP KiwiSaver Scheme and may be disclosed for these purposes to other parties where relevant, including the Supervisor, the Financial Markets Authority, the Inland Revenue, an adviser or other intermediary or to any other party as required. I also understand that these parties may share and disclose information to each other and any other parties for the purpose of operating the AMP KiwiSaver Scheme. The information may also be used by AMP or third parties to offer the company named overleaf or its employees other products or services made available by the AMP group, and for market research purposes. I can access and if required correct my personal information by contacting AMP.
- I acknowledge that none of AMP, The Supervisor, any of their related companies, their directors, the Crown or any other person guarantees the Scheme, any investment in the Scheme, or any returns on an investment in the Scheme.