

# SINGLE OR JOINT ACCOUNT APPLICATION FORM

If you need help completing this form or are a non-individual investor wanting to invest on behalf of a trust, please call us on **0800 333 787**.

Please print in black or blue pen, in uppercase, one character per box and  all that apply.

All joint investors must be aged 18 years or over unless married. Where the account is for someone aged under 18 years, at least one parent or guardian must also sign but is not considered a joint investor. They will operate the account for and with the minor until the age of 18. All correspondence will be sent to the principal account holder including if under 18.

## STEP 1 – COMPLETE YOUR PERSONAL DETAILS

### Investor 1 (principal account holder)

Title: Mr  Mrs  Ms  Miss  Other

Date of birth   /   /

First name

Middle name(s)

Surname

Gender Male  Female

### Residential address

NUMBER STREET NAME

SUBURB

CITY POSTCODE

### Mailing address (if different from residential address)

NUMBER STREET NAME

SUBURB

CITY POSTCODE

### Phone / Email

Contact phone number

Email

### Tax details (must be the principal account holder's)

**!** If you are a member of the New Zealand Defence Force (NZDF) we can complete your IRD number for you. If you are not a member of the NZDF please provide your IRD number below.

### Prescribed Investor Rate (PIR)

Tick one only:  10.5%  17.5%  28%

IRD number    -    -

If you do not elect a PIR, your investment income will be taxed at 28%.

To work out your PIR visit [purl.co.nz/pir\\_nzdf](http://purl.co.nz/pir_nzdf).

### Are you are a Resident or citizen of a country other than N.Z. for tax purposes?

NO

YES – Please provide all relevant Taxpayer Identification Number (TIN) or country equivalent:

TIN US

TFN AUS    -    -

UTR-UK

NINO-UK   -       -

OTHER

### Are you a member of NZDF?

YES – Please provide your NZDF service number

NO – If you do not have a current service number we will need to confirm your identity. We currently utilise FirstAML to complete this verification and they will contact you via email within 5-10 days of receipt of this application.

### Investor 2 (only to be completed if this is for a joint investor account)

Title: Mr  Mrs  Ms  Miss  Other

Date of birth   /   /

First name

Middle name(s)

Surname

Gender Male  Female

### Residential address

NUMBER STREET NAME

SUBURB

CITY POSTCODE

### Phone / Email

Contact phone number

Email

**Investor 2 (If applicable) - continued**

**Tax details (must be the principal account holder's)**



If you are a member of the New Zealand Defence Force (NZDF) we can complete your IRD number for you. If you are not a member of the NZDF please provide your IRD number below.

**Prescribed Investor Rate (PIR)**

Tick one only:  10.5%  17.5%  28%

IRD number    -    -

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NO

YES – Please provide all relevant Taxpayer Identification Number (TIN) or country equivalent:

TIN US

TFN AUS    -    -

UTR-UK

NINO-UK   -       -

OTHER

**Are you a member of NZDF?**

YES – Please provide your NZDF service number

NO – If you do not have a current service number we will need to confirm your identity. We currently utilise FirstAML to complete this verification and they will contact you via email within 5-10 days of receipt of this application.

**STEP 2 – CONTRIBUTIONS**

I intend to:

Initiate a deduction directly from my pay via NZDF Payroll

Contribute via direct debit and attach my completed direct debit form

Contribute via internet banking (one-off payment or regular payment)

We will be in touch with you to discuss your preferred payment option.

**STEP 3 – INFORMATION ABOUT THE NATURE AND PURPOSE OF YOUR INVESTMENT**

**a. Please tell us how you obtained or will obtain the funds you will invest in the New Zealand Defence Force FlexiSaver Scheme (tick all that apply).**

Savings from salary  Inheritance  Return on investments  Sale of a property or other assets  Other (please provide details)

Please provide dates and amounts for any lump sums you received or are expecting to receive, or any further information.

**b. Please tell us why you have specifically chosen the New Zealand Defence Force FlexiSaver Scheme to invest your funds (tick all that apply).**

To have ready access to my invested funds

To save up for a house or other significant asset

To diversify my existing investments

To access specialist investment management or advice

Other (please provide as much detail as possible):

(examples may include: a diversified investment with exposure to a broad mix of assets; fixed interest; stability in the short term; higher long-term returns where I am comfortable with greater volatility; exposure to offshore markets; (no) exposure to growth assets; or others)

**c. How do you intend to transact on the account?**

Deposits (please select at least one)

Withdrawals (please select at least one)

Regularly  Weekly

Regularly  Monthly

Fortnightly

Fortnightly

Monthly

Quarterly

Three monthly / quarterly

Occasionally (1 – 3 times per year)

Occasionally (1 – 3 times per year)

Lump sum (one-off)

No withdrawals planned

How much do you expect to invest annually? \$

Please note this information is requested for Mercer's *Anti-Money Laundering and Countering Financing of Terrorism Act 2009* obligations and is not used to assess the suitability of your fund selection, or to provide financial advice.

## STEP 4 – YOUR FUND



You can choose one or more of the investment funds available and enter the percentage of your savings you want invested in each fund. If you do not choose a fund, your savings will be invested in the Mercer Balanced fund. **Total must add up to 100%.**

Mercer Cash	<input type="text"/>	%
Mercer Conservative	<input type="text"/>	%
Mercer Moderate	<input type="text"/>	%
Mercer Balanced	<input type="text"/>	%
Mercer Growth	<input type="text"/>	%
Mercer High Growth	<input type="text"/>	%
Mercer Shares	<input type="text"/>	%
<b>TOTAL EQUALS 100%</b>		

## STEP 5 – SIGN THE DECLARATION

By signing this form I/We:

- apply to become a member of the New Zealand Defence Force FlexiSaver Scheme (FlexiSaver Scheme) a section within Mercer FlexiSaver
- acknowledge that I have received a copy of the Product Disclosure Statement dated 30 September 2022 which contains information about establishing an account in the FlexiSaver Scheme
- confirm that either Investor 1 (or Investor 2 where this is an application for a joint account) are a member of the Defence Community
- agree to be bound by the provisions of the governing documents of the FlexiSaver Scheme
- authorise the use and disclosure of any personal information relating to me as may be necessary for the purposes of the FlexiSaver Scheme
- acknowledge that NZDF, the supervisor and the manager may request information from me and that where information requested is not supplied or is incorrect, they have the power to make appropriate adjustments
- understand that the choices indicated on this form will remain in force until the Manager is advised otherwise, with the effective date of change being as advised by the Manager
- give express consent to the receipt of both electronic messages and commercial electronic messages (as defined in the Unsolicited Electronic Messages Act 2007), which messages may also include a World Wide Web uniform resource locator, until such time as the

Manager is advised, via the functional unsubscribe facility, to cease sending such messages

- confirm that the information provided is accurate and complete.
- Where this application is for joint investors acknowledge and agree that the investment will be held as joint tenants.

### Privacy Authorisation

By signing this form I agree that:

- NZDF may provide information, including my IRD number, service number, name and address details to the manager and the manager may use this information to facilitate my membership of the FlexiSaver Scheme and to identify me when administering my account.
- NZDF, the supervisor and the manager may share, use and obtain information about me and my account, and allow third parties, including financial advisers, to have access to my personal information to the extent reasonably necessary to meet their respective legal obligations, administer my account, provide financial advice or promote to me other products or financial services that may be of interest.

The Manager abides by the Privacy Act 2020, and you have the right to access and request correction of personal information held about you.

By signing this form I consent to the handling, use and storage of my personal information. If I do not provide this information, the manager and NZDF may not be able to open my account and/or provide selected investment choices.

Signature of applicant

Date   /   /

Date   /   /

### For accounts in the name of a minor or where a power of attorney exists

If signed under Power of Attorney, the attorney confirms that s/he has not received a revocation of that power.

All signatories confirm they have read and accept the information contained in Step 5 above on behalf of the applicant named in Step 1 of this form.

If signed in respect of a minor, each signatory confirms they are a parent/legal guardian of the minor and acknowledge that, where the minor is still under 18, they will operate the account for and with the minor until they reach the age of 18, but from that point the minor will have sole capacity to operate the account.

**Each signatory must confirm their identity and address. We currently use FirstAML to complete this verification and they will contact you via email within 5-10 days of receipt of this application. For account holders under 18 we also require a scanned or certified copy of their passport or full birth certificate as well as proof of the relationship with the authorised signatory/signatories (for example, a birth certificate or guardianship order). For information on how to do this, please use the “Confirmation of Identity Guide” available at <https://www.nzdfsavings.mil.nz/documents.html>.**

IF A PARENT OR GUARDIAN FULL NAME		IF A PARENT OR GUARDIAN FULL NAME	
RELATIONSHIP TO APPLICANT		RELATIONSHIP TO APPLICANT	
CONTACT DETAILS IF NOT ABOVE TELEPHONE		CONTACT DETAILS IF NOT ABOVE TELEPHONE	
EMAIL		EMAIL	
DATE OF BIRTH / /		DATE OF BIRTH / /	
SIGNATURE	DATE	SIGNATURE	DATE
<input type="text" value="X"/>	<input type="text" value="/ /"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

### Adviser use only

Company name  Adviser name



Please return your completed form to:  
New Zealand Defence Force FlexiSaver Scheme, PO Box 1849, Wellington 6140, New Zealand