Additional lump sum / Transfer form

TOWER KiwiSaver Scheme

1. Personal details (please print)

TITLE _____ FIRST NAME(S) _____

SURNAME _____ MEMBER NUMBER _____

ADDRESS _____

_____ DATE OF BIRTH _____

IRD NO | | | | | | | | | |

PRESCRIBED INVESTOR RATE (PIR) 10.5% ◯ **or** 17.5% ◯ **or** 28% ◯

Go to www.tower.co.nz/pircalculator, or call 0800 808 808 to work out your PIR

TELEPHONE (WORK) [ ] _____ TELEPHONE (HOME) [ ] _____

TELEPHONE (MOBILE) [ ] _____

EMAIL ADDRESS _____

2. Lump sum payment

Please credit $_____ in accordance with my current TOWER KiwiSaver Scheme investment profile.

PAYMENT METHOD (tick one)

◯ PAYMENT BY DIRECT CREDIT – Payment was direct credited to the following bank account:

TOWER KIWISAVER MAIN BANK | 0 | 3 | - | 0 | 1 | 0 | 4 | - | 0 | 1 | 8 | 8 | 3 | 8 | 6 | - | 0 | 0 |

Please include your reference details with your payment. Information to be included is your surname, initials and your IRD number. Failure to supply correct reference details will result in a delay in crediting your payment to your TOWER KiwiSaver.

◯ PAYMENT BY CHEQUE – Cheque attached is made payable to TOWER KiwiSaver Scheme Main Bank, and has been crossed 'Not Transferable'. Send this form (together with your cheque if applicable) to: TOWER Employee Benefits Limited, Freepost 521, PO Box 1849, Wellington 6140

3. Transfer details

If you wish to add to your TOWER KiwiSaver by transferring from another investment, please fill in the transfer details below.

◯ TRANSFER ALL FUNDS ◯ OTHER (AMOUNT TO TRANSFER) $_____

FUND MANAGER	PRODUCT NAME	ACCOUNT PLAN / NUMBER

4. Fund transfer authorisation

I hereby authorise TOWER Employee Benefits Limited to contact my existing product provider and arrange for the transfer of funds as specified above. Please pay these funds directly into my TOWER KiwiSaver.

SIGNATURE OF MEMBER _____ DATE _____

5. Adviser details (if applicable)

ADVISER NAME _____ ADVISER NUMBER _____

SECTION TO BE COMPLETED BY TOWER

Please arrange for the transfer amount to be direct credited to the following bank account:

TOWER KIWISAVER MAIN BANK | 0 | 3 | - | 0 | 1 | 0 | 4 | - | 0 | 1 | 8 | 8 | 3 | 8 | 6 | - | 0 | 0 |

Please provide the following reference details when making the payment:

MEMBER NAME _____ MEMBER NUMBER _____

Once the payment has been made, please provide a confirmation by mail to TOWER Employee Benefits Limited, PO Box 1849, Wellington 6140, or by fax (04) 381 0834 or email to **investments@tower.co.nz.**

Please post this form to: TOWER Employee Benefits Limited, Freepost 521, PO Box 1849, Wellington 6140. Telephone 0800 808 808, facsimile (04) 381 0834, email: investments@tower.co.nz. For more information visit www.tower.co.nz/kiwisaver

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