

PREFERRED PROVIDER AGREEMENT

ONEANSWER KIWISAVER SCHEME



It is agreed that the employer selects the OneAnswer KiwiSaver Scheme, offered and managed by ANZ New Zealand Investments Limited (ANZ Investments). The OneAnswer KiwiSaver Scheme is to be the employer's preferred KiwiSaver scheme for the purposes of section 47 of the KiwiSaver Act 2006.

ANZ Investments acknowledges that the OneAnswer KiwiSaver Scheme has been selected as the employer's preferred KiwiSaver scheme and accepts that choice.

The employer authorises ANZ Investments to give notice under section 47(1)(b) of the KiwiSaver Act 2006 to the Commissioner of Inland Revenue on behalf of the employer.

The employer agrees to provide each new employee with the current OneAnswer KiwiSaver Scheme guide and product disclosure statement.

EMPLOYER DETAILS

Business/Entity name	<input type="text"/>		
Number of employees	<input type="text"/>	(business needs a minimum of 5 employees)	
Customer number	<input type="text"/>		
Business IRD number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical address	<input type="text"/>		
	<input type="text"/>	Postcode <input type="text"/>	
Postal address (if different from above)	<input type="text"/>		
	<input type="text"/>	Postcode <input type="text"/>	

Please advise the number of OneAnswer KiwiSaver Scheme start-up packs you require for your staff:

5 10 20 Other

These packs will be sent to the above physical address

YOUR KIWISAVER CONTACT PERSON

Full name	<input type="text"/>
Job title	<input type="text"/>
Email address	<input type="text"/>
Phone	<input type="text"/>

Signature of company director(s)

(Being a person(s) authorised to enter into this agreement):

Signature <input type="text"/>	Date <input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Print name(s) <input type="text"/>	

Please return this completed agreement to your adviser or scan and email to service@anzinvestments.co.nz, or alternatively you can bring it to any **ANZ branch** or post it to **ANZ New Zealand Investments Limited, Freepost 324, PO Box 7149, Wellesley Street, Auckland 1141.**

ADVISER USE ONLY

Adviser name <input type="text"/>	FSP number <input type="text"/>
Distributor company name <input type="text"/>	Distributor (agency) code <input type="text"/>

Once completed - scan this form and email to service@anzinvestments.co.nz