

Preferred Provider Application

If you would like help in completing this form, please email kiwisaver@fisherfunds.co.nz or phone us on **0800 FF KIWI (0800 335 494)**.

You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740** or email to kiwisaver@fisherfunds.co.nz.

Section 1: Employer Instruction

(the Employer)

selects the Fisher Funds KiwiSaver Scheme (*the Scheme*) to be the Employer's chosen KiwiSaver scheme for its employees who are automatically enrolled into KiwiSaver and those employees who choose to opt in to KiwiSaver and do not choose their own KiwiSaver scheme.

The Employer agrees that all of the Employer's employees that are enrolled in the Scheme are eligible to be members of the Scheme.

The Employer authorises Fisher Funds to notify the Commissioner of Inland Revenue that the Scheme is the Employer's chosen KiwiSaver Scheme for the purposes of sections 46 to 49 of the KiwiSaver Act 2006.

The Employer agrees to comply with its obligations under the KiwiSaver legislation with respect to the Scheme, including distributing the Scheme's product disclosure statement to employees.

The Scheme will remain the Employer's chosen KiwiSaver scheme until written revocation of this appointment is received by Fisher Funds and the Inland Revenue.

Section 2: Employer Details

Employer Registered Company Name

Employer IRD Number

Number of Employees

Employer Address

Postcode

Employer Postal Address (if different from above)

Postcode

Name of Authorised Signatory

Position

Phone

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Email Address

The Employer authorises Fisher Funds to pass on the information above to the Commissioner of Inland Revenue on behalf of the Employer.

Signature

Date

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