

Fisher Funds LifeSaver Plan Contribution Split

If you would like help in completing the form, please phone us on **0508 FISHER (0508 347 437)**, if calling from overseas **+64 9 445 3377**.

Complete this form to split contributions between your Fisher Funds LifeSaver Plan account and your KiwiSaver account. You can complete this form on-screen by typing directly into each field.

Note for employer: Please keep a copy of this form for your records and return the original to us at **Fisher Funds Management Limited, Freepost 521, PO Box 1849, Wellington 6140, New Zealand**.

Section 1: Member Details *(to be completed by member)*

Title	First Name/s		
<input type="text"/>	<input type="text"/>		
Surname			Date of Birth
<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>
Address			
<input type="text"/>			
City	Country	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Mobile	
<input type="text"/> (<input type="text"/>)	<input type="text"/> (<input type="text"/>)	<input type="text"/> (<input type="text"/>)	
Email Address	Member Number		
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Section 2: Contribution Split Details *(to be completed by member and employer)*

In accordance with rules 7 and 34 of the LifeSaver Governing Document I elect that the contributions payable to my LifeSaver account be split as follows:

	Member Contribution as Percentage of Gross Salary	Employer Contribution as Percentage of Gross Salary
LifeSaver Account	<input type="text"/> %	<input type="text"/> %
KiwiSaver Scheme Account	<input type="text"/> %	<input type="text"/> %
Total	<input type="text"/> %	<input type="text"/> %

Section 3: Authorisation

Signature of Member	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of Employer <i>(authorised signatory)</i>	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>