



Medical Assurance Society KiwiSaver Plan

Employer Preferred Provider Appointment

To appoint the Medical Assurance Society KiwiSaver Plan as your preferred provider, please complete and return this form to:

MAS Superannuation,
Freepost 884,
PO Box 13042,
Johnsonville, Wellington.

Practice or business details

Employer IRD number

Registered company name

Trading name

Physical address

Postal address

Phone number

Home

Work

Mobile

Number of employees

Contact person's details

Title

First name(s)

Surname

Phone number

Home

Work

Mobile

Email address

Declaration and authorisation

- It is agreed that the company named above (the **employer**) appoints the **Medical Assurance Society KiwiSaver Plan** (the **scheme**) to be the employer's chosen KiwiSaver scheme for the purposes of section 47 of the KiwiSaver Act 2006 and the trustees of the scheme accept that choice.
- The parties agree that:
 - they will each comply with their respective obligations under the KiwiSaver Act 2006;
 - the trustees of the scheme will provide access to the scheme for the employer's employees;
 - employees of the employer will be allocated to the scheme in accordance with the KiwiSaver Act 2006;
 - employees of the employer who are members of another KiwiSaver scheme are not required to transfer to the scheme as a result of this appointment;
 - an employee who is a member of the scheme who ceases employment with the employer remains eligible to be a member of the scheme; and
 - if this appointment is revoked, the employer will allow the trustees of the scheme continued access to employees who are members of the scheme.
- The employer authorises Medical Assurance Society (**MAS**) or its authorised agents to give notice under section 47(1) (b) of the KiwiSaver Act 2006 to the Commissioner of Inland Revenue (**IRD**) on behalf of the employer.
- This appointment will continue until written revocation of appointment is received by MAS and IRD.
- The employer agrees:
 - to provide each new employee with the current Product Disclosure Statement for the scheme and to verify the identity of each employee in accordance with the requirements of the Financial Transactions Reporting Act 1996 prior to that employee joining the scheme; and
 - that all contributions made in respect of an employee will vest in the employee in accordance with the KiwiSaver Act 2006.

Date

Signed for the **employer** (being the person authorised to enter into this agreement)

Full name (please print)

Signed for and on behalf of the **trustees of the Medical Assurance Society KiwiSaver Plan**

Full name (please print)

Call us today:

0800 800 627

Visit us online at mas.co.nz

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