



# Craigs KiwiSaver Scheme

## Authority to Deduct from Wages/Salary

Please complete this form and forward the original to your employer for their records.

### WHERE TO SEND YOUR COMPLETED FORM

Please either deliver your completed form to the nearest Craigs Investment Partners branch, or post it to:

Craigs KiwiSaver Scheme  
Craigs Investment Partners Limited,  
Freepost 366, PO Box 13155,  
Tauranga 3141.

Phone: 0800 878 278  
Email: [clientservices@craigsip.com](mailto:clientservices@craigsip.com)

**Employee Name** *first, middle and last name*

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### Employer Contact Details

**Employer Name**

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Work Ph \_\_\_\_\_ Mobile \_\_\_\_\_

Facsimile \_\_\_\_\_

Email \_\_\_\_\_

I hereby authorise my employer to deduct amounts (as per my instructions) from my wages/ salary to be paid to New Zealand Guardian Trust as supervisor for the Craigs KiwiSaver Scheme for investment into my Craigs KiwiSaver Scheme Account.

Deductions are to commence from  | D | D | | M | M | | Y | Y | Y | Y | |  until further notice.

**Signature**

\_\_\_\_\_ Date  | D | D | | M | M | | Y | Y | Y | Y | |

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

[craigsip.com](http://craigsip.com)

