



Craigs KiwiSaver Scheme Preferred Provider Agreement

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

Employer / Company Name

Parties

This Agreement is between _____ (the Employer) and Craigs Investment Partners Superannuation Management Limited (the Provider) in relation to the Craigs KiwiSaver Scheme (the Scheme).

Background

- A. The KiwiSaver Act 2006 allows an employer to choose a KiwiSaver scheme to which its employees will be allocated when they are automatically enrolled or opt-in to KiwiSaver, and where the employees do not choose their own scheme.
- B. To choose a scheme the Employer must agree with the Provider that the Provider will provide access to the KiwiSaver scheme for the Employer's employees and give notice to the Commissioner of Inland Revenue of the name, address, and tax file number of the Employer and the name, address, and tax file number of both the Provider and the chosen KiwiSaver scheme.
- C. The Employer and the Provider are entering into this Agreement to record that the Provider will provide access to the Scheme to the Employer's employees, and that the Provider will give the required notice to the Commissioner of Inland Revenue.

Operative provisions

1. The Employer and the Provider agree that all of the Employer's Permanent Employees are eligible to be members of the Scheme. The Employer and the Provider also agree that employees that are not Permanent Employees are eligible to be members of the Scheme where agreed in writing between the Employer and the Provider.
2. The Provider is not under any obligation to accept an employee as a member of the Scheme where the employee is not eligible under the KiwiSaver Act 2006 to be a member of a KiwiSaver scheme.
3. The Provider will not accept an employee as a member of the Scheme without that employee having made a portfolio selection.
The Employer will ensure portfolio selections are made by employees wishing to join the Scheme with such a selection conveyed to the Provider.
4. The Employer authorises the Provider to give notice in accordance with section 47(1) (b) of the KiwiSaver Act 2006 to the Commissioner of Inland Revenue that the Employer has chosen the Scheme pursuant to sections 46 and 47 of the KiwiSaver Act 2006 (the Notice). As soon as practicable after executing this Agreement the Employer agrees to supply all necessary information to the Provider so that the Provider can give the Notice to the Commissioner of Inland Revenue. The Employer certifies that all information it provides to the Provider for the purpose of this Agreement is true and correct.
5. The Provider accepts no responsibility for the accuracy of information provided by the Employer.
6. The Provider agrees to provide current investment statements for the Scheme and all other material required in terms of the KiwiSaver Act 2006 to the Employer, upon the Employer's reasonable request.
7. The Employer agrees to provide each new employee with the current investment statement for the Scheme before the employee joins the Scheme.
8. The Employer agrees to provide identity verification documents for all employees becoming a member of the Scheme, to the provider.
9. The Employer will give all information required by the KiwiSaver Act 2006 to its employees and will comply with all relevant requirements under the KiwiSaver Act 2006.

Interpretation

Words with a capital letter in this Agreement that are not otherwise defined have the meaning given to them in the KiwiSaver Act 2006.

We agree with and accept the terms of this Agreement and authorise Craigs Investment Partners Limited to provide the Notice to the Inland Revenue.

A

Employer details

Employer/Company Name

Business Address

Post code | | | | |

Mailing Address *if not the same as business address*

Post code | | | | |

Employer Contact Name

Employer Contact Phone Number

Employer Contact Email

Employer IRD Number | | | | | | | | | |

Number of Employees

B

Execution

Executed as a Deed on Date | D | D | M | M | Y | Y | Y | Y |

Signature(s) of Director(s)/Authorised Person(s)

B1

AUTHORISED PERSON ONE

Full Name *first, middle and last name*

Capacity

Signature

Date | D | D | M | M | Y | Y | Y | Y |

B2

AUTHORISED PERSON TWO

Full Name *first, middle and last name*

Capacity

Signature

Date | D | D | M | M | Y | Y | Y | Y |

B3

AUTHORISED PERSON THREE

Full Name *first, middle and last name*

Capacity

Signature

Date | D | D | M | M | Y | Y | Y | Y |

C

Witness

Witness - required for Companies that have only one Director

Full Name *first, middle and last name*

Capacity

Signature

Date | D | D | M | M | Y | Y | Y | Y |

Capacity

Please enter the 'Capacity' in which you are signing this Application Form i.e Director, Partner, Officer, Trustee, Executor, Witness

For a Company

If there is one Director, that Director must sign and have their signature witnessed. If there are two or more Directors, those Directors authorised on the account must sign.

craigsip.com

 NZX Firm

Identity Verification

Client identity verification documents held by Craigs Investment Partners must always be current, hence you may be asked to update your identity verification documents from time to time. Craigs Investment Partners may request to sight the original of any identity verification document that has been copied and used by you for identity verification purposes.

Photo ID

Photo ID provided must be of a quality to enable the person's identity to be verified.

Identity Verification Requirements

You must return Proof of Identity Document(s) for each authorised person.

To comply with our obligations under the Anti-Money Laundering and Countering the Financing of Terrorism Act (AML/CFT Act) we are required to collect information on the identity and address of any person authorised to act on behalf of our client and any Beneficial Owner of our client, and to verify this information using relevant identification documents.

The collection and verification of information may vary depending on, amongst other things, client type, country of birth and country of residence. In some instances enhanced due diligence may be required in order to complete the account opening process and ensure our continued compliance with the AML/CFT Act. Identification documents provided must be current at the time of presentation i.e. not expired where an expiry date is applicable to the form of identification.

Certification

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.

Certified documents must include the full name, occupation and an original signature of the certifier and the date of certification. Certification must have been carried out in the three months preceeding presentation of the certified documents. The certifier must sight the original documents and make a statement that the documents provided are a true copy and represent the identity of the named individual.

Alternatively, documents can be verified by your Craigs Investment Partners Adviser.

H1

Proof of Identity

For each Individual, Director or Authorised Person, please provide the following documents:

Option 1

A certified copy of ONE of the following:



- New Zealand or overseas passport containing your name, date of birth, photo and signature
- New Zealand firearms licence
Firearms Licence: If you provide us with a certified copy of a Firearms Licence, please also provide a certified copy of a NZ Driver Licence or card issued by a registered bank showing your name and signature in order for us to verify your signature on your Client Agreement.
- A national identity card issued by a foreign government, the United Nations or an agency of the United Nations containing your name, date of birth, photograph and signature.

Option 2

A New Zealand Driver Licence and a second document from the list below
A certified copy of:



- New Zealand driver licence
- AND a certified copy of one of the following:
- New Zealand full birth certificate
 - Certificate of New Zealand or overseas citizenship
 - A credit card, debit card or eftpos card issued by a New Zealand registered bank that contains your name and signature
 - A bank statement issued by a New Zealand registered bank in the 12 months immediately preceeding the date of the application
 - A statement issued to you by a government agency in the 12 months immediately preceeding the date of the application e.g. Inland Revenue
 - SuperGold card.

H2

Proof of Residential address

A certified copy of one of the following issued within the last three months that includes your name and address:



- Utilities bill
- Rates bill
- Bank account statement
- A statement issued to you by a government agency in the last 12 months immediately preceding the date of the application e.g. Inland Revenue.

H3

Proof of bank account

Please provide a certified photocopy of ONE of the following:



- A bank encoded deposit slip with pre-printed details of your bank account name and number
- A copy of a cheque for your bank account
- A copy of a bank account statement
- A verification letter or other document of confirmation provided by your bank
- A printed version of your bank account details from your online banking.

H4

Please provide a certified copy of one of the following

Documents to verify the company structure, ownership structure and business of the company:



- Certificate of incorporation
- Details of directors
- Financial statements
- Details of shareholders
- Minutes of meetings and resolutions

AUTHORISATION

Craigs Investment Partners Limited as provider of the Craigs KiwiSaver Scheme, by and in the presence of:

Signature and Name of Authorised Person

Signature

Name
