



Westpac KiwiSaver Scheme Change of Details Form

August 2017



BT Funds Management (NZ) Limited is the scheme provider and Westpac New Zealand Limited is the distributor of the Westpac KiwiSaver Scheme.

Use this form to change your Westpac KiwiSaver Scheme personal and/or payment details.

In Westpac One you can update an address, contact details and set up regular payments.

A. Your details

Mr Mrs Miss Ms Other (please specify) _____ Date of birth DD / MM / YYYY

Name FIRST MIDDLE LAST

Please update my name to (a copy of my marriage certificate, deed poll or other relevant papers are attached.)

Occupation _____

IRD number Westpac KiwiSaver Scheme member number **K** **S**

Prescribed Investor Rate (PIR*) 10.5% 17.5% 28% *Refer to Inland Revenue (ird.govt.nz) to determine your PIR.

Phone HOME MOBILE

Email _____

Home address NUMBER & STREET SUBURB

TOWN/CITY POSTCODE

Postal address (if different) NUMBER & STREET SUBURB

TOWN/CITY POSTCODE

Westpac may be required to verify your new address (e.g. by receiving a recent utility bill). We will contact you if this is required.

B. Direct debits

Please setup/amend my Westpac KiwiSaver Scheme direct debit, to take effect from DD / MM / YYYY as follows:

I wish to setup/amend the frequency and/or the amount of my direct debits:

Weekly Fortnightly Monthly Annually \$ _____ New amount

I wish to setup/amend the bank account my direct debit is made from:

I have completed and attached the direct debit form

I wish to cancel my direct debit:

Please cancel my direct debit until further notice

C. Authorisation

Please make the changes shown above. I acknowledge that this change will not become effective until verified by Westpac.

Member signature _____ Date DD / MM / YYYY

If the request is:

- From a minor under 18 - the request must also be signed by the parent or guardian who has signing authority.
- Instructed under a power of attorney - attorney must also complete a certificate of non-revocation and include it with this request.

Contact name _____ Contact number _____

Please call us on 0508 972 254 between 8.30am and 7pm, Monday to Thursday, or 8.30am and 5pm, Friday if you need any help completing this form.

Please return the completed form to: The Westpac KiwiSaver Scheme, PO Box 695, Wellington 6140.

WESTPAC USE ONLY

Staff name _____ Staff number _____ Referring branch (if applicable) _____

Staff signature _____ Date DD / MM / YYYY