

Westpac KiwiSaver Scheme Change of Details form.



February 2021

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

Prescribed Investor Rate (PIR*) 10.5% 17.5% 28% *For help in determining your PIR go to ird.govt.nz/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 or +64 9 375 9978 from overseas between 8.30am and 5pm, Monday to 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 _____