

Use this form to:

- stop contributions indefinitely (only applies if you joined before 1 July 2007 and don't belong to the locked section)
- take a savings suspension or restart contributions following a savings suspension
- take a savings suspension from the locked section only and redirect those contributions to the standard section
- stop contributions or arrange for contributions to continue during a leave of absence.

Complete Part A only. Your employer will complete Part B.

PART A

Personal and contact details

Mr / Mrs / Miss / Ms / Dr / Assoc Prof / Prof	SURNAME	GIVEN NAMES
Membership number		Date of birth DD/MM/YYYY
Email		IRD number*
Work phone	Home phone	Mobile

* **Locked members only** – Inland Revenue requires us to hold IRD numbers for locked members. Note your IRD number here if you haven't provided it to us before.

Complete section 1, 2 or 3 only – Payroll will advise you of the date your changes will take effect

1. Stop contributions

Members who joined UniSaver before 1 July 2007 who are not locked members

I wish to stop contributions to UniSaver with effect from DD/MM/YYYY

Members who joined UniSaver on or after 1 July 2007 and locked members who wish to stop all contributions

I wish to take a savings suspension for the following period _____ months
starting DD/MM/YYYY

Locked members who wish to divert contributions from their locked accounts to their standard accounts

I wish to take a savings suspension for the following period _____ months
starting DD/MM/YYYY and have contributions previously paid into my locked accounts diverted to
my member standard and employer standard accounts.

I understand that:

- any savings suspension may be for a period of between 3 and 12 months and that I may take successive savings suspensions
- if I am a Category A member and I stop all contributions to UniSaver, my membership category will automatically change to Category B.¹

2. Restart contributions

Complete this section and send to payroll when you are about to restart contributions (not at the time you're stopping them).

Members who joined UniSaver before 1 July 2007 who are not locked members

I wish to restart contributions to UniSaver with effect from DD/MM/YYYY
at a rate of _____ % of salary.

Locked members and members who joined UniSaver on or after 1 July 2007

My savings suspension period has expired, and I wish to restart contributions to UniSaver with effect from DD/MM/YYYY
at a rate of _____ % of salary.

¹ You are a **Category A member** if your employer contributes to UniSaver on your behalf and a **Category B member** if your employer does not contribute to UniSaver on your behalf. You may be eligible for KiwiSaver-style compulsory employer contributions of 3% of your salary if you are a member of the locked section of UniSaver.

3. Leave of absence

I intend to take leave of absence from DD/MM/YYYY

I will be returning from leave of absence on DD/MM/YYYY

Tick one

I wish to continue contributing to UniSaver during my leave of absence.

I understand that:

- the rate and frequency of my contributions during my leave of absence may not exceed the rate and frequency of my contributions immediately prior to my going on leave of absence
- I may not contribute more to my member locked account than the amount required to bring my annual contribution to that account to \$1,042.86 so that I qualify for the maximum government contribution.

We cannot accept contributions over and above these amounts. Government contributions are only made up to age 65. Contact HR/payroll if you are not sure what your payments should be. You can pay contributions by cheque (made out to UniSaver New Zealand and sent to Mercer) or by internet banking to 01 0505 0620010 28 (use your surname and member number as the reference).

OR

I do not wish to continue contributing to UniSaver during my leave of absence. I have applied for a savings suspension by completing section 1.

My signature below authorises:

- the changes shown in this form
- deductions from my salary shown in section 2 of this form, if applicable.

Signed MEMBER

Date DD/MM/YYYY

If you have any queries about completing this form, please call 0800 864 724 or email unisaver@mercerc.com.

Scan this form and email it to Payroll/HR for them to complete the employer section.

PART B

Employer to complete

Employer name

Employees's membership number

If recommending contributions, please confirm which category this member will be:

Category A

Category B

Employer contributions to employer locked account as a % of salary

Employer subsidy to KiwiSaver scheme as a % of salary

Signed AUTHORISED OFFICER OF THE EMPLOYER

Date DD/MM/YYYY

Scan and email this form to unisaver@mercerc.com

Alternatively, post the form to:

UniSaver New Zealand
c/- Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140