Health NZ/RNZCGP Contributions Form

Please forward completed documents to:
mas@invest.mas.co.nz

Or post to:
MAS Superannuation
FREEPOST 884
PO Box 91976
Victoria Street West, Auckland 1142

For assistance:
Phone 0800 627 738
Email mas@invest.mas.co.nz

Important information

This form is for use by Health NZ employees, and registrars of the Royal New Zealand College of General Practitioners (RNZCGP).

Please note that the basis on which employer and employee contributions are calculated may differ between KiwiSaver and other superannuation schemes. Please check with your Health NZ or RNZCGP representative (as applicable) for the current position on splitting employee contributions specific to you.

1. Type of application

☐ This is a new application

☐ This is a change to my existing contributions

☐ This is a change to my employer. My old employer was:

2. Your information

Full name — Title | First names (s) | Surname

Member number (if known) | Date of birth dd-mm-yyyy

Postal Address

City | Postcode

Phone number — Home | Work | Mobile

Email

Prescribed investor rate (PIR) ☐ 10.5% ☐ 17.5% ☐ 28%

Please refer to **ird.govt.nz/pir** for more information on how to determine your PIR.

Employer

Employee number | Department

3. Contributions

A. Are you a member of the MAS Retirement Savings Scheme? ☐ Yes ☐ No

i. Please set employee contribution as ____ % to the MAS Retirement Savings Scheme.

ii. Please set employer contribution as ____ % to the MAS Retirement Savings Scheme.

B. Are you a member of the MAS KiwiSaver Scheme? ☐ Yes ☐ No

Employer contribution needs to be at least 3.5%. Employee contributions can only be 3.5%, 4%, 6%, 8% or 10%.

i. Please set employee contribution as ____ % to the MAS KiwiSaver Scheme.

ii. Please set employer contribution as ____ % to the MAS KiwiSaver Scheme.

C. Are you a member of a KiwiSaver scheme with a different provider? ☐ Yes ☐ No

Employer contribution needs to be at least 3.5%. Employee contributions can only be 3.5%, 4%, 6%, 8% or 10%.

i. Please set employee contribution as ____ % to my KiwiSaver scheme account.

ii. Please set employer contribution as ____ % to my KiwiSaver scheme account.

4. Authorisation

By signing below you authorise the Manager, Medical Funds Management Limited, and its related companies and agents to act as your agent for the purposes of setting up this salary deduction arrangement with your employer, and authorise the employer to provide the Manager and its agents with all information they require to carry this out.

Privacy Statement

We collect, store, use, and disclose your personal information in accordance with our Privacy Statement which is available on our website at **mas.co.nz/privacy-statement**. You can contact us in relation to your privacy by emailing privacyofficer@mas.co.nz or calling us on 0800 800 627.

Signature of Member _____ Date dd-mm-yy

5. For employer and MAS use only

Bank account for payments to the MAS Retirement Savings Scheme:

Account number | 0 | 6 | (Bank) | 0 | 5 | 4 | 1 | (Branch) | 0 | 1 | 0 | 7 | 5 | 6 | 4 | (Account number) | 0 | 0 | 0 | (Suffix)

Member number _____ IRD number ☐☐☐ ☐☐☐ ☐☐☐

Payroll schedules – please send to:

Email: mas@invest.mas.co.nz

General enquiries 0800 627 738