

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

i 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

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

Please pay % to the MAS Retirement Savings Scheme.

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

Employee contributions can only be 3.5%, 4%, 6%, 8% or 10%.

Please pay % to the MAS KiwiSaver Scheme.

Do you have a KiwiSaver Scheme with another provider? Yes No

Employee contributions can only be 3.5%, 4%, 6%, 8% or 10%.

Please pay % to my KiwiSaver Scheme.

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

5. For employer and MAS use only

Bank account for payments to the MAS Retirement Savings Scheme:

Account number	0	6	0	5	4	1	0	1	0	7	5	6	4	0	0	0
	Bank		Branch				Account number						Suffix			

Member number

IRD number

Payroll schedules – please send to:

Email: mas@invest.mas.co.nz

General enquiries 0800 627 738