



The Law Retirement KiwiSaver Scheme Application Form



Investment Statement Dated 23 February 2009

Please mail this application form, together with your cheque (if applicable and payable to: "The Law Retirement KiwiSaver") and enclose any other relevant documentation to:

The Law Retirement KiwiSaver Scheme, C/- Aon New Zealand Limited, PO Box 3167, Shortland Street, Auckland 1140.

My Investor Details

Do you already have an investment with the Law Retirement Plan: Yes No Investor Number:

Name:

Date of Birth: / / Gender: Male / Female (please circle)

IRD Number: / / Tax Rate: 19.5% / 30% (please circle)

Postal Address:

Email: Fax:

Telephone: Mobile:

My Primary Employer Details

Company Name:

Elected contributions rate: % (4% or 8% until 31 March 2009, and from 1 April 2009 2%, 4% or 8% as a percentage of gross wages or salary)

Postal Address:

Telephone: Employers IRD Number: / /

Payroll Clerk:

My Secondary Employer Details

Company Name:

Elected contributions rate: % (4% or 8% until 31 March 2009, and from 1 April 2009 2%, 4% or 8% as a percentage of gross wages or salary)

Postal Address:

Telephone: Employers IRD Number: / /

Payroll Clerk:

My Investment Allocation Details

	Single one-off lump sum	Allocation of regular employee contributions	
Balanced Fund:	<input type="text" value="\$"/>	<input type="checkbox"/>	
Dynamic Fund:	<input type="text" value="\$"/>	<input type="checkbox"/>	Please tick one to select Portfolio

If no Portfolio is selected for one-off lump sums or regular contributions, they will automatically be invested in the Balanced Portfolio.

Direct Debit Investment

I/We wish to invest:	<input type="text" value="\$"/>	per:	<input type="text"/>
Commencing:	<input type="text" value="/ /"/>	Frequency *	

* Choose from monthly, quarterly, six-monthly, or annually, and complete the direct debit form included in this Investment Statement.

Investor Information

Identity Verification

The Financial Transactions Reporting Act 1996 requires deposit takers to verify the identity of all new investors. Please provide a photocopy of identification and proof of address, unless paying by personal cheque.

Please tick one: Passport Drivers licence

Enrolling Under 18 Year Olds—please provide a photocopy of the applicants identification

Please tick one: Passport Full birth certificate

And a photocopy of identification and proof of address for yourself.

Please tick one: Passport Drivers licence

Declaration

I have read the attached Investment Statement, in which this application form was contained, setting out a summary of my rights, obligations and benefits as contained in the Law Retirement Trust Deed.

I have read the Terms & Conditions stated in the attached Investment Statement, in which this application form was contained.

I agree to be bound by the provisions of the Trust Deed and hereby apply to become a member of The Law Retirement KiwiSaver Scheme.

If signed under Power of Attorney, the attorney hereby certifies that he/she has not received notice of revocation of that power.

Signed: _____

Dated: _____

Instructions Authorisation

Email/facsimile—I authorise The Law Retirement KiwiSaver Scheme administrator or any other company related to The Law Retirement KiwiSaver Scheme to provide information regarding my investments via email or facsimile and to act on instructions regarding my investments received via email, facsimile or via the secure login on the Administrators website. The email address and/or facsimile number that The Law Retirement KiwiSaver Scheme may provide information to and act on instructions from are as detailed in this application form (or as otherwise notified to The Law Retirement KiwiSaver Scheme in writing from time to time).

Liability Limitation and Indemnity—I acknowledge that The Law Retirement KiwiSaver Scheme does not accept any responsibility or liability whatsoever for any damage, costs, expenses, losses or liabilities incurred by any person as a result of The Law Retirement KiwiSaver Scheme administrator acting on any instructions from an authorised signatory or an authorised email address or facsimile number. I agree to indemnify in all respects and hold harmless The Law Retirement KiwiSaver Scheme against damage, costs, expenses, losses or liabilities which may arise by reason of The Law Retirement KiwiSaver Scheme accepting or acting on instructions from an authorised signatory or, an authorised email address or facsimile numbers.