

Registration of KiwiSaver Preferred Provider Nomination

Company Legal Name:	
Company Address:	
Postal Address:	
IRD Number:	
Contact Name:	
Your Position/Title	
Phone Number:	
Email:	
Number of Employees(approx):	

Terms of Agreement

1. This Registration of Interest nominates the Law Retirement KiwiSaver as the Employers Preferred KiwiSaver Provider.
2. The Law Retirement KiwiSaver is authorised to register the Employer's appointment of the Law Retirement KiwiSaver as their Preferred Provider with Inland Revenue.
3. The Law Retirement KiwiSaver will provide the Employer with simplified new employee enrolment mechanisms for the Preferred KiwiSaver Scheme from its commencement.
4. The Law Retirement KiwiSaver will not charge any fee or subscription as the Employer's Preferred Provider and a separate written agreement with the Employer will be prepared for any additional services required.
5. This agreement will remain in force until terminated in writing by either the Employer or the Law Retirement KiwiSaver.
6. No applications for securities will be accepted or money received unless the subscriber has received an investment statement.

Mail this form to: The Law Retirement KiwiSaver Scheme, PO Box 1130, Auckland
 Contact: 0800 44 55 86