



Investment Statement Dated 16 February 2011

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: / / PIR Rate: 10.5% / 17.5% / 28% (please circle one)

Postal Address:

Email: Fax:

Telephone: Mobile:

My Primary Employer Details

Company Name:

Elected contributions rate: Circle one – 2% or 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: Circle one – 2% or 4% or 8% (as a percentage of gross wages or salary)

Postal Address:

Telephone: Employers IRD Number: / /

Payroll Clerk:

My Investment Allocation Details

Allocation of regular contributions

Single one-off lump sum contribution

Balanced Fund: Please tick one to
Dynamic Fund: select Portfolio

\$
\$

If no Portfolio is selected, your contributions will automatically be invested in the Balanced Portfolio.

Direct Deposit payment details, Bank Account: Law Retirement Plan-KiwiSaver, Account Number: 01-0505-0278171-00
(Please put your name as a reference)

Direct Debit Investment

I/We wish to invest: \$

per:

Commencing: / /

Frequency (choose from monthly, quarterly, six-monthly, or annually).

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 true copy of either your passport or drivers licence for identification.

Under 18 Year Olds

Parent/Guardian: If you are under the age of 16, all parents and guardians will need to sign this form and supply their identification as above. If you are 16 or 17, at least one parent or guardian will need to sign this form. Please attach a true copy of your birth certificate.

Parent Guardian Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Parent Guardian Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Adviser/Organisation

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.