

Membership number

STEP 3 – SIGN THE FORM


By signing this form, I understand that:

- Any changes will be effective from the date the change is made by the Manager.
- The Manager will not action my request if in the Manager's opinion any information is incomplete or ambiguous.
- To administer my KiwiSaver account, the Manager may disclose my personal information to any party necessary and I consent to the handling of my personal information in this way.

Signature* Date / /

* Where applicable, the signature of the parent or legal guardian of the applicant. If so, please specify:

Relationship of parent/guardian

 **Please return your completed form to:**
Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140
New Zealand