

# MERCER KIWISAVER SCHEME

## THIRD PARTY ACCESS TO MEMBER INFORMATION

Please print in black or blue pen, in uppercase, one character per box and  all that apply.

### Privacy Statement

Information in this form and any requested documents are being collected to enable administration of this account. The Privacy Act entitles the account holder to access and to request correction of any personal information.

### STEP 1 - COMPLETE YOUR PERSONAL DETAILS

Title: Mr  Mrs  Ms  Miss  Other

First name

Surname

Date of birth  /  /

Middle name(s)

#### Residential address

NUMBER STREET NAME

SUBURB

CITY  POSTCODE

#### Mailing address (if different from residential address)

NUMBER STREET NAME

SUBURB

CITY  POSTCODE

Mobile

Email

### STEP 2 - MY SCHEME

Name of Scheme(s)

My employer (if relevant)

Membership number(s)

### STEP 3 - NOMINEE

(THE PERSON YOU AUTHORISE MERCER TO SHARE YOUR PERSONAL INFORMATION WITH)

Nominee's full name

Nominee's relationship to me

#### Nominee's contact details

Address

NUMBER STREET NAME

SUBURB CITY POSTCODE

Mobile/landline

Email

### STEP 4 - CONSENT AND AUTHORITY TO SHARE PERSONAL INFORMATION


- I consent to and authorise Mercer (N.Z.) Limited (Mercer) to share my Personal Information with the person below I have nominated to receive it (the Nominee).  
*'Personal Information' includes all or any information Mercer holds in respect of me, my personal circumstances, my investments and any insurances (including medical and claims history), and my membership of any Mercer scheme.*
- I understand that providing this consent and authority does not authorise my Nominee to make any changes to my Personal Information, my investments and insurances, or my membership of any Mercer scheme. (My Nominee will need to provide an original Power of Attorney, duly executed by me, if I want my Nominee to make any changes)
- I can revoke this consent and authority at any time by providing Mercer with 21 days' written notice to the address below.

Your name (please print)

Signature

Date  /  /

(Personal Information will only be shared with the Nominee via the above contact details)

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