# **Application Form**

This is an application to invest in the Generate KiwiSaver Scheme (Scheme).

If you would like help completing this form, please email info@generatekiwisaver.co.nz or phone us on 0800 855 322.

Personal Details (Please write in capital letter	s)						
Title First Name	Middle Name	Middle Name					
Surname	Preferred First Name	Preferred First Name					
		Treferred instrume					
Date of Birth	Y						
Mobile	Daytime Phone	Daytime Phone					
Email (important)							
Residential Address							
<u>City</u> <u>Cot</u>	ıntry* Pos	Postcode					
Postal Address (if different to above)							
<u>City</u> <u>Cou</u>	ıntry* Pos	Postcode					
* If you are supplying an Australian ID document please refe	er to page 3.						
IRD No.	If you don't know your IRD number, please						
	or visit ird.govt.nz/tasks/find-my-ird-num  8% Please see the Generate website at gener	noer ratekiwisaver.co.nz/whats-my-pir to determine your PIR rate,					
	if a rate is not selected, the default rate of	<sup>2</sup> 28% will apply.					
Employment Details							
If you pay tax through PAYE you are considered 'employed' for the first 12 months that you are in KiwiSaver before you a	and will be required to contribute are eligible for a savings suspension. Employed	Self-employed/Notemployed Under 18					
Contribution Details							
If you are employed (and currently paid through	If you are self employed, not employed, under	If you would like to make a one-off					
PAYE), please select the amount you wish to contribute. You will need to complete a KS2 form and provide to	<b>18 and would like to make regular contributions</b> , please tell us how much you would like to contribute	nake regular contributions, contribution, you can set up payment through					
your payroll to start contributing or to change your contribution rate. Your employer will then deduct this amount from your pay (along with your PAYE tax).	and how often. You will have to also complete an attached Direct Debit Authority Form.**	KiwiSaver Scheme' in the "Registered Payee" list. You will be asked to enter details of the person's account you are paying into.					
3%* 4% 6% 8% 10%	Regular contribution amount \$ (minimum \$10 for each contribution)	mount \$ Enter 'Surname', 'Initials' and the 'Generate  Member Number'.					
$^\star$ This is the default rate and will generally be matched by your employer.	**See the Generate Direct Debit Authority Form for information on payment days.	One off contribution amount \$					

## Where do I send my application to?

Email return: Please scan this application and all supporting documentation and email it to us at applications@generatekiwisaver.co.nz or

Postal return: Please send this application and all supporting documentation to: Generate KiwiSaver Scheme, PO Box 91609, Victoria Street West, Auckland 1142

# **Application Form**

# Investment Strategy\*

Choose your	own			OR	choose a li	fe cycle aut	omatic selectio	on
You may invest in any one fund or you can choose to invest a percentage in a combination of funds. Please see section 3 of the Product Disclosure Statement for more details.			By selecting a Stepping Stones investment option your KiwiSaver savings will automatically be invested across our six funds based on					
CashPlus	CashPlus %		%		age. Please se nore details.	ee section 3 of t	the Product Disclos	ure Statement
Conservativ	e		%		'Stepping Sto	nes'		
					OR		nnot choose both lif	e cycle options
Moderate			<u>%</u>		'Stepping Sto			
Balanced			%			se an investment ping Stones by def	strategy your KiwiSave ault.	er savings will be
Growth			<u>%</u>					
Focused Gro	owth		%					
Australasian	1		<u>%</u> _					
Thematic			%_					
Global			%_					
<b>Total</b> (must	add to 100%)		100 %					
Primary purp	oose of investment (re	quired for applicants aged 65 y	ears and over on	nly)				
Likely value of inv	vestment \$							
Please tell us wha	at the main goal is for your Kiv	viSaver savings (you can choose m	ultiple options).					
Retirement	Income Inves	tment Other (please speci	fy)					
Llow do vou inter	ad to transact on this account	t? (Please select all that apply).						
Deposits:	Lump Sum (one off)	\$						
Deposits:		- <u>i</u>			Farmer	Days ald	Control to the big	NA - metalli i
	Regular	\$			Frequency:	Weekly	Fortnightly	Monthly
	Now and then							
Withdrawals:	Lump Sum (one off)	\$						
	Regular	\$			Frequency:	Weekly	Fortnightly	Monthly
	Now and then							
<b>Please note</b> this information is requested solely in relation to Generate's Anti-Money Laundering and Countering Financing of Terrorism Act 2009 obligations and is not used to set up banking instructions or provide financial advice.								tions and is not
acca to cot ap so		, mansaraa nee.						
Existing Kiv	wiSaver Scheme M	ember						
Are you a membe	er of another KiwiSaver schei	me Yes No Nai	me of scheme (if k	known	)			
		_						
<b>T</b> (								
Transfers								
Transfer from Australian  Super  or  a  non-Kiwi Saver  New  Zealand  superannuation  scheme.  We  will  be  in touch  to  assist  you  to  complete  these  transfers.								
Australian S	uper Non-KiwiSaver N	Z superannuation scheme Na	me of scheme					

# **Application Form**

## Electronic Verification of Identity and Proof of Address (Required for all Signatories)

If you agree to Electronic Verification of Identity please tick the box below. If we are unable to identify you using this method or you do not consent, you will need to provide certified ID and address documents as per the Non-Electronic Verification of Identity and Proof of Address section below.

### Electronic Verification of Identity and Proof of Address

Generate can confirm the identity and/or New Zealand address of many of our clients electronically, with their permission. Please note that we use an external third party system not owned by Generate to conduct identity checks in this way.

I confirm that I give Generate authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my identification – either a current signed Passport or current Driver Licence (front & back) from New Zealand or Australia. Please note, if we are unable to identify you using this method, we will contact you to provide physical documents.

#### Pursuant to Australian legislative requirements Generate must provide you with the following information if you use any Australian identification documents:

Generate uses identity verification services to verify your identity.

In verifying your information, Generate complies with both the New Zealand Privacy Act 2020 and our Privacy Statement and your rights in relation to your data are included in both the Act and our Privacy Statement at generatewealth.co.nz/privacy-statement/. Generate's use of identity verification services involves third party systems and services.

If you decline or cannot give your consent to Generate's online identity verification process you may be asked to meet face-to-face with an advisor or alternatively obtain certification of the necessary identification documentation by a trusted referee. This can be a Justice of the Peace, Solicitor or Notary Public.

DVS means Document Verification Service and in Australia it is managed by the Framework Administrator represented by the Australian Attorney General's department. You can get information regarding the operation and management for Australian identity documents at architecture digital gov.au/document-verification-service-dvs.

 $Generate \'s \ complaints \ process \ is \ available \ at \ generate we alth. co.nz/complaints/.$ 

Generate assumes no responsibility or liability to you for errors in the provision of identity verification services or for any actions taken based on the verification information provided.

#### **SMS Consent**

I consent to receiving SMS messages from Generate, including information about my KiwiSaver or Managed Fund account, Generate products, services, and promotions.

I understand that standard rates apply. Replying to an SMS is charged at a rate based on your Network provider – Vodafone, Spark & Skinny is 20c. 2 Degrees is 9c.

## Non-Electronic Verification of Identity and Proof of Address

If you have opted not to use Electronic Verification of Identity, you will need to provide the following documentation to complete your application.

# OPTION 1 Passport; or New Zealand Driver Licence New Zealand Firearms Licence OPTION 2 Birth Certificate; or Citizenship Certificate Current International Driving Permit and a driver licence from another country

#### **CERTIFICATION OF YOUR DOCUMENTS**

Provide certified copies of identity documents.

- Certification must be within the last three months.
- Any birth certificates that have been issued before 2003 should be certified or verified.
- The approved person cannot be your spouse, partner, relative or living at the same address as you.
- The approved person could be: a Justice of the Peace, Solicitor, Notary Public, or any other person who has legal authority to take statutory declarations in New Zealand.
- Upon comparing the copy with the original document, the approved person must write on the copy their name, occupation, their signature, the date and the following, "I certify this to be a true copy of the original document and confirm that it represents the identity of [full name of person being identified]"

#### **PROOF OF ADDRESS**

Choose one of the acceptable forms of **proof of address** by sending us a copy of an invoice, statement, letter or contract which shows: The applicant's name, is dated within the last 12 months, shows the full residential address (not a PO Box) and displays the Company logo.

Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider)

Government or local Government agency e.g. IRD, benefits statement, Council notice

New Zealand Bank correspondence Car registration notification/demand

Non-Generate KiwiSaver correspondence Insurance company (car, house, contents)

Rental tenancy agreement

If you do not have one of the above forms then please provide a copy of an invoice, statement, letter or contract in applicant's name, dated within the **last 3 months**, from one of the following sources:

Non-bank, non-KiwiSaver financial institution Insurance company (health, life)

# **Application Form**

## **Privacy Statement**

Generate Investment Management Limited (or Generate group companies), Public Trust, any of their authorised agents, and any distributor (each an "Authorised Person") may collect and hold the personal information that you provide to us as part of this application.

Your information will be used by Generate and the Supervisor to manage your relationship with Generate and the Supervisor, to provide products and services to you, to comply with any applicable laws, to offer you further products and services that may be of interest to you and for any other use for which you have given authorisation. We may also disclose your personal information for these purposes to our staff members, related companies, our third party service providers and to the Financial Markets Authority or other applicable regulators. Generate may further use your information to electronically verify your identity. We may pass your information to and check it with the document issuer, official record holder and authorised third parties that Generate has contracted to carry out the verification process. Generate may share your information and the results of the verification process with appropriate third parties (such as a distributor or adviser that will or has been providing services to you) to enable that third party to comply with any applicable laws.

You may request a copy of the information held about you, and if any of the information is incorrect, ask for it to be corrected. You can do this by contacting us by email or call us on 0800 855 322.

For further information about how we handle your personal information, please read our Privacy Statement available at generatewealth.co.nz/privacy-statement/.

#### **Electronic Provision of Information**

I/We consent to receiving any communication from Generate or any related affiliates (e.g. Supervisor, Administrator or companies within the Generate group) electronically via Generate's online portal, or at the email address provided in this Application Form or direct to Generate.

## **Declarations and Authorisations**

I wish to apply for membership of the Scheme for me. or, where indicated, for my child or dependant, I confirm that I have received, read and understood the current  $Generate \textit{KiwiSaver Scheme} \ Product \ Disclosure \ Statement \ dated \textbf{1December 2025} \ and \ agreetobe \ bound \ by the terms \ and \ conditions set out in the Product \ Disclosure \ date \ d$ Statement and Trust Deed governing the Scheme. I understand that if a transaction request is invalid or insufficient information is provided, it will not be processed until valid documentation is received. I understand that, if I am a member of another KiwiSaver scheme, my balance in that KiwiSaver scheme will be transferred to the Scheme if my application is accepted. I authorise the manager or supervisor of that KiwiSaver scheme to provide the Manager or Supervisor of the Scheme with personal information about me as necessary to complete the transfer. I understand that neither the Manager nor the Supervisor has represented or implied that any particular fund or investment strategy is appropriate for my particular circumstances. I understand that investments in the Scheme are subject to investment risk and that the value of my investment may rise and fall from time to time. I understand that the distributor through which I joined the Scheme (if applicable) may be remunerated by the Manager for distributing the Scheme. I acknowledge that none of the Manager, the Supervisor and any distributor through which I joined the Scheme will be liable to me for any loss as a consequence of them accepting or acting on instructions from me or an authorised signatory in respect of my membership in the Scheme (and that none of the Manager, the Supervisor, or any other person (including the Crown) guarantees the performance of the Scheme or the repayment of any money payable from the Scheme). I confirm that I meet the eligibility criteria for joining the Scheme as set out on page 7 of the Product Disclosure Statement and that all of the information in this application form is true and correct. I agree to notify the Manager immediately if there is any change in the information given in this application form.

By signing this Application Form I consent to receive all forms of information and communication including account information, confirmation information, newsletters, Scheme annual reports, annual member statements and annual tax certificates by any form of communication including email or other electronic means. I agree, pursuant to the Unsolicited Electronic Messages Act 2007, that the person sending any such message need not include a functional unsubscribe facility in the message. Telephone calls may be recorded for training purposes or to provide security for transactions by the Manager, its related companies or agents.

I confirm that I have read and I accept the "Declarations" in the above section.

And/Or if signing on behalf of an applicant under 18, I confirm that I am a legal Parent or Guardian of the applicant. I confirm that I have read and accepted the "Declarations" in the above section on behalf of the applicant.

If the applicant is aged 16 or 17, one parent/guardian is required to sign along with the applicant.

If the applicant is aged 16 or 17 and is married, in a civil union or a de facto relationship, the applicant alone can sign.

If the applicant is under Oranga Tamariki care, only one Oranga Tamariki guardian needs to sign

<b>Signature of Applicant</b> (if 16 years or older)	<b>Signature of Parent/Guardian</b> (if applicant under 18)	<b>Signature of Parent/Guardian</b> (if applicant under 18)					
Date D M M Y Y Y	Date D M M Y Y Y	Date D M M Y Y Y					
Adviser Information (Internal Use Only)	Type of advice (please tick)	Advice Information only					
Name of Adviser		Adviser Code					
Verification of Identity*  I verify that the attached documents are true copies of the original documents and that they represent the identity of:							
Applicant's Name	Adviser Signature	Date of Verification					
Parent/Guardian	Adviser Signature						
Parent/Guardian	<u>Adviser Signature</u>	Date of Verification					
* I confirm that I have sighted the physical applicant and ID documents <b>in person</b> (must not be done via video e.g. Zoom).							