Inland Revenue
Te Tari Taake

KS10 0509

KS 10
May 2011

KiwiSaver
Poua he Oranga

New employee opt-out request

KiwiSaver Act 2006

Use this form to opt out if you have been automatically enrolled and you don't want to be a member of KiwiSaver. **Or go to www.kiwisaver.govt.nz to complete our online form. Please read the notes on the back to help you fill in this form.**

Section A Personal details Please use BLOCKLETTERS

1. Your IRD number

If you don't know your IRD number or you don't have one, call us on 0800 549 472

2. Your name

– Mr – Mrs – Miss – Ms – Other

Put a dash to indicate your title

First names

Surname

3. Your postal address

Street number

Street address or PO Box number

Suburb, box lobby or RD

Town or city

Postcode

4. Your contact numbers

Day

Mobile

5. Your email address

If you give an email address you may receive KiwiSaver information by email

6. Bank account details

Bank Branch Account number Suffix

Name of account holder

7. I wish to opt out of KiwiSaver

Signature

Day Month Year

Section B Employment details Please use BLOCKLETTERS

8. Employer's IRD number

If you don't have your employer's IRD number ask them for it or leave it blank.

9. Employer's business name

10. Employment start date

Day Month Year

Give this form to your employer or send it to Inland Revenue.

Section C Late opt-out Please read the notes on the back of this form

11. If your request to opt out is more than eight weeks after you started employment, please give a reason for your late opt-out request.