

For the member to complete

PSS membership number _____ QID _____

Mr Mrs Miss Ms _____
SURNAME GIVEN NAMES

Date of birth _____

Station postal address _____

Daytime contact number/mobile _____

IRD number¹ _____

¹ Inland Revenue requires us to hold IRD numbers for all members. Note your IRD number here if you haven't provided it to us before.

Investment choice

Choose either A or B from the following (choose one):

- A** I would like my contributions and employer contributions (if any) to be invested in Super Steps.
With Super Steps, your savings are invested automatically in one or a combination of Growth, Balanced or Stable depending on your age. Up until age 45, your funds are invested solely in Growth. From age 45, your funds will be switched progressively to Balanced and Stable as you get older (see the member booklet or policessuper.co.nz for more information).
You cannot mix and match between Super Steps and the other five options (see below).
- B** I would like my contributions and employer contributions (if any) to be invested in one or a combination of these options:

| | Existing account balances | Future contributions |
|--------------|---------------------------|----------------------|
| High Growth | % | % |
| Growth | % | % |
| Balanced | % | % |
| Stable | % | % |
| Cash Plus | % | % |
| Total | 100 % | 100 % |

Your choice of investment option(s) and any subsequent decision to switch options can have a significant effect on the investment performance of your account. We suggest you get professional financial advice if you're unsure which option(s) to choose.

Declaration

I understand that:

- it may take several business days for my choice of investment option(s) to be actioned
- the first change to my existing account balances each year (1 April to 31 March) is free. There is a fee for any subsequent change (see policessuper.co.nz). I can change my investment strategy (future contributions) at any time.

Privacy statement

Information in this form and any requested documents are being collected to enable administration of this account. The Privacy Act 2020 entitles the account holder to access and to request correction of any personal information.

I acknowledge that I have read the privacy information included above.

Signature _____ Date _____

Return the completed form to:

Police Superannuation Scheme, c/o Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140, fax the form to (04) 819 2699 or email it to psscheme@mercer.com.

For Mercer to complete

Date received _____

Signature _____