

Use this form to start making additional voluntary contributions to the scheme or to change your voluntary contributions.

This form is for the following membership categories:

- **Standard constabulary entrant** (an employee of Police holding the office of constable).
- **Recruit** (you are in training to become a constabulary employee).
- **Special entrant** (you contribute to the PSS and the GSF/NPF).

Additional voluntary contributions are deducted from your fortnightly pay as a percentage of salary. They will be credited to your member's account and are subject to the same rules for in-service withdrawals as your regular member contributions. Police will not match any additional voluntary contributions you make.

See the product disclosure statement for more information about your contribution options.

For the member to complete

Mr Mrs Miss Ms _____
SURNAME GIVEN NAMES

Station postal address _____

Date of birth _____ QID _____

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.

I would like to make (or change my) additional voluntary contributions to the Police Superannuation Scheme as follows:

_____ % of salary (must be at least 1% and no more than 10%)

Contributions will start from the next convenient pay period.

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 _____

Member to return the form to:

Payroll, Police National Headquarters, PO Box 3017, Wellington 6140, fax the form to (04) 498 7401 or email it to payroll@police.govt.nz.

For Payroll to complete

PSS membership number _____

Signature _____ Date _____
PREPARED

Signature _____ Date _____
CHECKED

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 _____ Category _____