Inland Revenue
Te Tari Taake

KS2 0420

KS2
April 2020

KiwiSaver
Poua he Oranga

KiwiSaver deduction form

Do not send this form to Inland Revenue. This form should be kept by your employer with your employment records.

KiwiSaver Act 2006

Use this form to provide your details to your employer if you are:

- starting new employment
- an existing employee and want to opt into KiwiSaver
- a KiwiSaver member and want to change your contribution rate.

To be eligible to join KiwiSaver you must:

- Live, or normally live in New Zealand, and
- be a New Zealand citizen, or entitled to stay in New Zealand indefinitely.

You are not required to be auto enrolled when starting a new job if you are under the age of 18 or you are over the age of eligibility for New Zealand Superannuation (currently 65).

Please read the notes on the back to help you fill in this form

Section A

General Please put a dash to indicate your situation eg —

1. Are you a KiwiSaver member? ◯ Yes. Go to Question 2 ◯ No. Go to Question 3
2. Are you on a savings suspension? ◯ Yes See note below ◯ No. Go to Question 3

If you have a savings suspension notice you must show it to your employer to prevent them making KiwiSaver deductions.
If you have lost your notice, you can get a replacement online at **ird.govt.nz** from your myIR account.

Section B

Personal details Please use BLOCKLETTERS

You must provide your IRD number, name and address.

3. Your IRD number ___ ___ ___ If you don't know your IRD number or you don't have one, call us on 0800 549 472
4. Your name ◯ Mr ◯ Mrs ◯ Miss ◯ Ms ◯ Other
   Put a dash to indicate your title

   First names

   Surname
5. Your postal address
   Street number Street address or PO Box number

   Suburb, box lobby or RD

   Town or city Postcode
6. Your contact numbers
   Day Mobile
7. Your email address

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

Section C

Contributions

8. Choose a contribution rate: ◯ 3% ◯ 4% ◯ 6% ◯ 8% ◯ 10%
   If you don't choose a rate, the default rate of 3% will be deducted.
9. I declare that the information I have provided on this form is true and correct.

   Signature / / Date

RESET FORM

Please give this completed form to your employer