

TOWER Preferred Provider application

TOWER KiwiPlan



Completion of this form will enable your company to use TOWER Employee Benefits Limited as your preferred KiwiSaver provider.

Company Details

REGISTERED NAME OF COMPANY (as shown in your certificate of incorporation) _____

IRD NO *(required under clause 47 (1)(B)(1) of the KiwiSaver Act 2006)

ADDRESS OF REGISTERED OFFICE _____

ADDRESS FOR CORRESPONDENCE _____

COMPANY CONTACT _____ JOB TITLE _____

TELEPHONE (WORK) [] _____ FAX [] _____

EMAIL ADDRESS _____

ASSOCIATE COMPANY _____

IRD NO *(required under clause 47 (1)(B)(1) of the KiwiSaver Act 2006)

ASSOCIATE COMPANY _____

IRD NO *(required under clause 47 (1)(B)(1) of the KiwiSaver Act 2006)

NUMBER OF EMPLOYEES

On behalf of _____ (the company) we wish to appoint TOWER Employee Benefits Limited as our provider of choice as detailed under clause 46(1) of the KiwiSaver Act 2006.

NAME OF DELEGATED AUTHORITY _____

SIGNATURE _____ JOB TITLE _____ DATE _____

* Where more than one company I have the authority to bind these companies).

FOR TOWER USE ONLY

TOWER Employee Benefits Limited, by signing this form, agrees that we will provide access for your employees to the TOWER KiwiPlan.

FOR TOWER EMPLOYEE BENEFITS LIMITED _____ DATE _____

AGENT _____ BROKER _____ ID NUMBER _____

NUMBER OF INVESTMENT STATEMENTS REQUIRED _____

AGENT/BROKER NAME _____

BUSINESS DEVELOPMENT MANAGER _____

OTHER REQUIREMENTS _____



Scheme registration number KSS/10002
Scheme IRD number: 96-678-630

TOWER Employee Benefits Limited, PO Box 590, Wellington 6140.
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investments@tower.co.nz. For more information visit www.towerkiwisaver.co.nz

TOWER KiwiPlan



Contact us

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