



Limited Access Form

Kiwi Wealth KiwiSaver Scheme

Please complete this form if you wish to nominate another person to access information about your Kiwi Wealth KiwiSaver Scheme account. This form permits your limited access person to make enquiries and receive information; it does not permit them to make any changes to your account. For further information, please contact us on 0800 427 384.

Member Details:

IRD number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>						
First name(s)	<input type="text"/>						
Address	<input type="text"/>						
	<input type="text"/>						
Daytime phone	<input type="text"/>						
Email:	<input type="text"/>						

I authorise Kiwi Wealth Limited to provide information regarding my Kiwi Wealth KiwiSaver Scheme account to the limited access person below. Please provide this person with any information they may request.

Limited Access Person Details:

Surname	<input type="text"/>
First name(s)	<input type="text"/>
Company (if applicable)	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Daytime phone	<input type="text"/>
Email:	<input type="text"/>

Member's signature: _____ **Date:** _____

Limited Access Person's signature: _____ **Date:** _____

Once you have completed this please post to:

*FreePost 210729
Kiwi Wealth Limited
PO Box 10068
Wellington 6143*

Please don't fax or email this form to us as we are required to hold the original on file.