


	MARITIME RETIREMENT SCHEME	
CHANGE OF CONTRIBUTION RATE		

To: Administration Manager
 Maritime Retirement Scheme
 PO Box 1096
 WELLINGTON 6140

Name: _____

Member Number: _____

Employer: _____

Member's Signature: _____

<p><u>CHANGE OF CONTRIBUTION RATE</u></p> <p>I am changing my contribution rate from: _____% to _____%</p>

<p><u>INDIVIDUAL EMPLOYMENT AGREEMENT</u></p> <p>I am employed under an Individual Employment Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, my employer is contributing to a KiwiSaver Scheme (not the Maritime KiwiSaver Scheme) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Note:

If you wish to change your Investment Choice you need to complete a separate Investment Choice form.

<p>When completed, this form should be sent to your payroll. Payroll to action and send it to: The Administration Manager, P O Box 1096, Wellington 6140 or emailed to maritime@miw.co.nz FreePhone 0800 947 357, www.maritimeretirementscheme.nz</p>
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