



RMO Superannuation Deduction Authority

Please submit this completed form to your RMO Unit/Support Person. Please make every effort to return this form prior to changeover with your other employment forms, so that your superannuation can be set up correctly from your first pay

Last Name		First Name	
Position (eg, House Officer, Registrar, Fellow)		Department/Run	
RC Code (if known)		Employee Number (if known)	
Pager	Mobile Number	E mail Address (most commonly used)	
District Health Board (tick one)	Auckland	Counties Manukau	Waitemata

Authorisation for RMO Superannuation Deductions

I authorise the deduction of% of my salary and the forwarding of that money to my specified superannuation scheme (see below) with which the DHB has signed a Participating Employer Agreement and which the Government Actuary has officially recognised as complying with the State Sector Act 1988.

I understand that the DHB's contribution will match my combined contribution to this RMO Superannuation Scheme and my KiwiSaver account (if applicable) up to a maximum of 6% of my taxable base salary **less** any contributions the DHB is making to my KiwiSaver account (if applicable) and **less** any superannuation contribution withholding tax (SCWT) due (currently 33 cents in the dollar).

Both my contribution and DHB's contribution are to be paid to my specified superannuation scheme which is:

Provider Name _____

Scheme Name _____

My membership number with them is _____

NOTE: Payroll deductions to an RMO Superannuation Scheme can only start after the provider has accepted your membership application and given you a membership number.

Payroll will action this instruction in the first available pay after they have received this form.

I have read the KiwiSaver and RMO Superannuation Scheme information provided by the DHB and, in particular, the section about the options available to me and what they mean for my own and the DHB employer contributions.

RMO Signature..... **Date**.....