



Request to Split Employee Superannuation Contributions

For RMOs Who Already Belong to a DHB Subsidised Superannuation Scheme

Please complete this form if you are already a member of a DHB subsidised superannuation scheme and you wish to have your employee contribution split between your existing scheme and KiwiSaver. You are strongly advised to seek independent financial advice before making any changes to your existing scheme.

Please return the completed form, along with the relevant KiwiSaver form, to your RMO Support / Support Person to ensure that your superannuation is set up in accordance with your intentions.

| | | | |
|-------------|--|-----------------|--|
| Employee No | | Employer/DHB | |
| Last Name | | First Name | |
| Position | | Department/Ward | |

| Existing RMO Superannuation Scheme | | |
|---|-----|----|
| I am currently a member of _____ (write the name of your current superannuation scheme and provider) | | |
| My current employee contribution to my existing scheme is _____% of my gross salary/base salary | | |
| I have already joined KiwiSaver (please circle) | Yes | No |

| KiwiSaver | | | |
|--|-----|----|----|
| You must already be a member of KiwiSaver or are joining KiwiSaver now. If you are joining KiwiSaver, you must attach a <u>KiwiSaver Deduction Form (KS2)</u> | | | |
| I have attached a completed KiwiSaver deduction form (KS2) (please circle) | Yes | No | |
| I confirm that my chosen contribution to KiwiSaver is (please circle chosen option): | 3% | 4% | 8% |
| I elect to <u>reduce</u> my employee contribution to my existing superannuation scheme to : | | | % |
| <i>You must check any implications for your existing scheme and ensure any forms/documentation that your scheme may require are completed and returned to them</i> | | | |

I understand that, apart from any compulsory employer contributions that the DHB is required to pay by law to KiwiSaver, the DHB's (employer) contribution will continue to be paid to my existing scheme.

Signature..... Date.....