

Membership Application Form

Organisation or Individual Memberships

➔ **START HERE:** Choose your membership type below:

Organisation (please complete ALL sections 1 to 5) OR; **Individual** (please complete sections 3, 4 & 5)

SECTION 1 – ORGANISATION MEMBERSHIP CATEGORY

Please select the category that best applies. Your subscription fee (see overleaf) will be calculated by the size of the workplace savings scheme or company/organisation applying for membership.

Licensed Manager or Restricted Scheme

Licensed MIS Managers or Restricted Schemes (or to become so designated under the FMC Act 2013).

Total Funds Under Management (\$m): _____

Employer

Employers who are not a licensed MIS or DMIS Managers or employers offering a workplace savings scheme (can be a stand-alone, Master Trust arrangement or KiwiSaver scheme).

Total Funds Under Management (\$m): _____

Service Provider

Membership for a company or organisation that offers professional services to the workplace savings industry and/or offers multiple workplace savings retail products.

Number of current employees: _____

SECTION 2 – ORGANISATION CONTACT DETAILS

Organisation Name: _____

Scheme Name (if applicable): _____

Postal Address: _____

Physical Address: _____

Phone Number: _____ Fax Number: _____

SECTION 3: NOMINATED REPRESENTATIVE CONTACT DETAILS (Including Individual Members)

The nominated representative is our primary contact regarding Workplace Savings NZ membership matters, i.e. feedback on current issues, input to submissions. Individual membership applicants – please fill in your own details here.

Name of Nominated Representative: _____

Role / Position Title with Organisation: _____

Postal Address: _____

(if different from above in section 2)

Email Address: _____

Phone Number: _____ Mobile Number: _____

SECTION 4: WORKPLACE SAVINGS PROFESSIONAL (WSP) MEMBERSHIP

Are you interested in finding out more about our Workplace Savings Professional (WSP) membership?
Tick here to receive an application form for WSP membership and further information.

Please turn over >>

Other Key Contact Details

These may be any other people concerned with your workplace savings scheme or organisation who may be interested in keeping up to date with Workplace Savings NZ initiatives, i.e. the scheme's board of trustees, scheme secretary, etc. You can add and delete contacts, or update this information at any time by contacting info@workplacesavings.org.nz

Name: _____ Email Address: _____
 Phone Number: _____ Role within Scheme / Organisation: _____
 Postal Address: _____

Name: _____ Email Address: _____
 Phone Number: _____ Role within Scheme / Organisation: _____
 Postal Address: _____

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 Phone Number: _____ Role within Scheme / Organisation: _____
 Postal Address: _____

SECTION 5: ANNUAL SUBSCRIPTION & PAYMENT DETAILS

Membership is by subscription, renewed annually at beginning of calendar year.

Individual Membership: \$450.00 p.a. (incl. GST)

Organisation Membership: Refer to the table below:

Using the information you provided in Section 1, Select the column that is your membership category, then select the row that corresponds to the number of employees or scheme members concerned. The Member Fee at the end of that row is the amount payable for your organisation membership. All amounts are inclusive of GST.

	Licensed Managers & Restricted Schemes	Member Fee	Service Provider	Member Fee
	FUM (\$million)		No. of Employees	
	\$1 – 24.99	\$550 p.a.		
	\$25 – 49.99	\$750 p.a.	1 – 7	\$650 p.a.
	\$50 – 99.99	\$950 p.a.	8 – 25	\$950 p.a.
	\$100 – 199.99	\$1,250 p.a.	26 - 75	\$1,250 p.a.
	\$200 – 399.99	\$1,600 p.a.	76 -150	\$1,500 p.a.
	\$400 – 749.99	\$1,900 p.a.	150 +	\$2,000 p.a.
	\$750 - 999.99	\$2,250 p.a.		
	\$1000+	\$2,600 p.a.		
Employer (not licensed)		\$450 p.a.		
Employer (Master Trust)	(Increased by \$350 for each billion over \$2b)	\$2,600 p.a.+		
Licensed Supervisor		\$1,500 p.a.		

Payment Options

Payment of \$ _____ is enclosed covering membership for the _____ year.

Direct Credit

Acc No: 02-0500-0338075-00
 Acc Name: Workplace Savings NZ
 GST No. 21-053-767

Credit Card

MasterCard OR Visa

Card Number:

Name on Card: _____

Cheque

Please make cheques payable to 'Workplace Savings NZ' and enclose with this form

Expiry Date: _____ Secure ID: _____

Send your completed application and payment to us by: **Post:** PO Box 25-179, Wellington, 6146 or **email:** info@workplacesavings.org.nz