

1. PERSONAL DETAILS (Please print details clearly)

Surname _____ Title _____

First name(s) _____ Known as _____

Employer _____

Position held _____

Postal address _____

Bus. Phone _____ Fax _____

Mobile _____

Email address _____ Date of birth _____

2. PROFESSIONAL DEVELOPMENT COMPLETED

I certify that I have undertaken at least 15 hours of professional development or training in the workplace savings industry in the year immediately preceding this application for membership of the workplace savings professional group. I submit the following list professional development and training for consideration by the Workplace Savings NZ Council.

Event / Course / Education	When (Dates)	Duration (Hours)
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

AND

I have completed at least ONE Module from the Workplace Savings NZ "Certificate in Trusteeship"

- | | | |
|--------------------------|---------------------------------------|------|
| <input type="checkbox"/> | - Introduction To Trusteeship Module | When |
| <input type="checkbox"/> | - Governance Best Practice | When |
| <input type="checkbox"/> | - Introduction To Wholesale Investing | When |
| <input type="checkbox"/> | - Trustee Investment Decisions | When |

AND

I have completed Unit 24755, 25642, 25648 or 25649 from the National Certificate in Financial Services (Financial Advice) (Level 5)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 24755 | <input type="checkbox"/> 25642 | <input type="checkbox"/> 25648 | <input type="checkbox"/> 25649 |
| Knowledge of the industry and apply professional practice in a financial services organisation. | Understanding of relationships between economic environments, financial markets and their participants. | Understanding of investment concepts used by financial advisers. | Apply principles of investment advice. |

OR

- I am a Fellow of the New Zealand Society of Actuaries

OR

- I have attained the Workplace Savings NZ "Certificate in Trusteeship"

OR

- I have attained one of the alternative qualifications to Unit Standard Set A of the National Certificate in Financial Services (Financial Advice) (Level 5), as set out in the Financial Advisers (Code of Professional Conduct for Authorised Financial Advisers) Notice 2010 (SR 2010/384)

3. PAYMENT

The annual subscription fee for membership of the Workplace Savings Professional Group is currently **\$125.00 inc GST**.

If your application is accepted Workplace Savings NZ will collect payment in terms of your instructions below.

Payment Method

Invoice my Organisation/Company

Direct Credit to Bank Account

Acc No: 02-0500-0338075-00

Acc Name: Workplace Savings NZ

Cheque

Enclose with this form and post to us at
PO Box 25-179, Wellington, 6146

Credit Card (please fill in details below)

MasterCard OR Visa (circle one)

Last 3 numbers on the back of the card: _____

Card Holder Name: _____

Card Number: _____

Expiry Date: _____

Card Holder's Signature: _____

Is a receipt required? **YES** **NO**

4. APPLICATION PROCESS

- Your application for membership of the Workplace Savings Professional Group will be considered for approval and you will be advised in writing of the outcome.
- If your application is approved a GST invoice will be issued for the annual membership subscription, payment due on the 20th of the following month, or as per your payment instructions as given above.
- Please note that your membership will take effect from the date of approval.

5. CHECKLIST

Please ensure you attach or complete the following to this application before submitting:

- Copies of all relevant education certificates
- Any other relevant documents attached
- Payment (if applicable)
- Date and signature under 'Declaration' below

6. DECLARATION

I hereby declare that the information submitted and attached to this application form is true and correct to the best of my knowledge.

Signed: _____

Date: _____

7. SEND YOUR APPLICATION TO:

Post: Workplace Savings NZ, P.O. Box 25-179, Wellington 6146

Email: info@workplacesavings.org.nz

Contact: (04) 472 2260