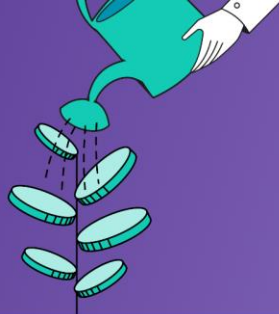


Preferred Provider Agreement



Employer

Business Entity Name

Number of employees

Business IRD No.

Physical address

Street

Suburb

Town/city

Postcode

Postal address (if different from the above)

PO Box / Street

Suburb

Town/city

Postcode

Contact Person

Full name

Job Title

Email address

Phone

Adviser (if relevant)

Full Name

Advice Company

Email Address

Phone

Fund(s) to be used for new enrollments

Fund one

%

Fund two (if applicable)

%

Agreement

It is agreed that the employer selects the GoalsGetter KiwiSaver Scheme, offered and managed by Amova Asset Management New Zealand Limited (Amova NZ).

The GoalsGetter KiwiSaver Scheme is to be the employer's preferred KiwiSaver Scheme for the purpose of section 47 of the KiwiSaver Act 2006. Amova NZ acknowledges that the GoalsGetter KiwiSaver Scheme has been selected as the employer's preferred KiwiSaver Scheme and accepts that choice.

The employer authorises Amova NZ to give notice under section 57(1)(b) of the KiwiSaver Act 2006 To the Commissioner of Inland Revenue on behalf of the employer.

The employer confirms they have received the current GoalsGetter KiwiSaver Scheme Fund Booklet and relevant product disclosure statement(s) (PDS') from their adviser.

The employer agrees to provide each new employee with the current GoalsGetter KiwiSaver Scheme Fund Booklet and current PDS'. The latest version of each PDS is available at the [disclose register](#).

Authroised Signatory

Signed

Signed (second signatory if required)

Print name

Print name

Title / Role

Title / Role