BCF
Your Workplace Retirement Scheme

KiwiSaver
Poua he Oranga
KiwiSaver Act 2006

Member Voluntary Lump Sum Contribution Form

Use this form to make a lump sum contribution to your KiwiSaver account. For Contributions of $10,000 plus, we will also require you to complete an AML Identity Verification form which is available by calling 0800 223 4636 or emailing bcfkiwisaver@mjw.co.nz.

Section A Your personal details

1. Your IRD Number ☐☐☐ ☐☐☐ ☐☐☐

2. Your Member Number ☐☐☐☐☐☐

3. Your name ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ____________________

First Name(s) ____________________ Surname ____________________

4. Your Postal Address

Street Address/ PO Box ____________________

____

Suburb or RD ____________________

Town or City ____________________

Postcode ☐☐☐☐

5. Date of birth ____________________

6. Occupation ____________________

7. Contact phone no ____________________

8. Email address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Section B Lump Sum Contribution

a. Preferred Payment method by Internet Banking
Bank: ANZ Willis St Wellington
Account Name: BCF KiwiSaver Scheme
Bank Account: 01-1839-0222041-000
Reference: Your IRD number and name
Payment Amount: $________________

b. Alternate payment method by personal cheque for $____________ payable to **BCF Kiwisaver Scheme**

c. Alternative Payment via IRD Website

For contributions of $10,000 or more you are required to complete a separate form for Anti-Money Laundering identity verification purposes. Please contact us for further assistance.

Section C AML requirements

Due to the requirements of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we need to obtain information about the source of your funds and/or wealth before we can accept this contribution. If you do not work, please state your position e.g., retired, student.

Occupation ____________________

Please indicate below which income bracket applies to you.

☐ Under $30,000 ☐ $40,000 – $50,000 ☐ $60,000 – $70,000 ☐ $80,000 – $90,000

☐ $30,000 – $40,000 ☐ $50,000 – $60,000 ☐ $70,000 – $80,000 ☐ $90,000 or more

Section C AML requirements (continued)

Please indicate below how you acquired the money you are investing.

- ☐ Compensation payment
- ☐ Money from existing Trust
- ☐ Savings
- ☐ Inheritance
- ☐ Divorce settlement
- ☐ Gift
- ☐ Salary/bonus
- ☐ Lottery/betting win
- ☐ Policy claim/maturity
- ☐ Sale of company
- ☐ Sale of investments
- ☐ Sale of property
- ☐ Other

If 'Other', please provide details: _____

_____

_____

_____

Section D Acknowledgement

I understand that this voluntary contribution to my Member's Account balance will be:

- invested in the my Member Account; and
- the contributions will be implemented as soon as practicable after receiving this completed form and the funds being cleared by my bank.

Signature _____ Date ____/____/____

Section E Checklist

a. I have ☐ completed all sections of this form

Return completed form to: BCF KiwiSaver Scheme
Via Email: bcfkiwisaver@mjw.co.nz
Or Post: BCF KiwiSaver Scheme, C/- Melville Jessup Weaver, PO Box 1096, Wellington 6140

For contributions of $10,000 and above we require original documents:

b. I have ☐ Completed an AML form along with

☐ Certified Identity Documents

☐ Completed Voluntary Contribution Form

Post Original Documents: BCF KiwiSaver Scheme, C/- Melville Jessup Weaver, PO Box 1096, Wellington 6140
Or Courier: BCF Kiwisaver, C/- Melville Jessup Weaver, Kiwi Wealth House, Level 7, 20 Ballance Street, Wellington 6011

If you have any questions about completing this form, please call 0800 BCF INFO (0800 223 4636)

The information in this form is being collected for the purposes of effectively managing your BCF KiwiSaver Scheme account and it will be held by MJW. It may be disclosed to third parties to the extent that is necessary to administer your application and any withdrawal from the BCF KiwiSaver Scheme. You can ask to see the personal information that MJW holds about you by calling us on 0800 223 4636.