

WATERFRONT INDUSTRY SUPERANNUATION FUND

CHANGE OF CONTRIBUTION RATE

To: The Fund Director
Waterfront Industry Superannuation Fund
P O Box 27-201
WELLINGTON

Name: _____

Member Number: _____

Employer: _____

Member's Signature: _____

A. INCREASE CONTRIBUTIONS

I am increasing my contribution rate from: _____% to _____%

Please increase my contributions to:

the Balanced Fund Strategy by: _____%

and / or

the Conservative Fund Strategy by: _____%

B. DECREASE CONTRIBUTIONS

I am decreasing my contribution rate from: _____% to _____%

Please decrease my contributions to:

the Balanced Fund Strategy by: _____%

and / or

the Conservative Fund Strategy by: _____%

***Ask your employer to change the deductions from your wages
and then send this form to the Fund office***