

LIFETIME MASTER TRUST

Contribution Variation Form

Use this form to vary your contributions to Lifetime Master Trust. Complete and return this form to your Human Resources or Payroll Division.

Section A: Your personal details

Name of employer

Date of Birth / /

Member number (if known)

Given name(s)

Surname

Email

Section B: Election to vary your regular contributions

You are able to change your voluntary contribution rate and, depending on your contribution options in your employer's Plan, you may also be able to vary your regular contribution rate. Details about your contribution options are set out in the current Product Disclosure Statement Supplement for your employer's Plan.

I elect to vary my contributions to my employer's Plan in the Lifetime Master Trust with effect from my next pay day at the following rate:

Note:

- Your regular voluntary contributions must be in excess of your regular contributions as set out in the Product Disclosure Statement Supplement for your employer's Plan.
- Your employer will not pay any contributions on your behalf in respect of any regular voluntary contributions you may elect to make to your employer's Plan.

Regular contribution rate:

% of salary/wages.

Regular voluntary contribution rate:

% of salary/wages OR \$ each pay day.

Section C: Your acknowledgement

I elect to vary my contributions to Lifetime Master Trust.

Signature

Date / /

Section D: For completion by employer

Name of employer

We confirm contributions have been modified.

Authorised person to complete

Full name

Designation/title

Signature

Date / /

Return the completed form and documentation by email to **lifetime@linkmarketservices.com**, or post to:
Lifetime Master Trust, PO Box 91976, Victoria Street West, Auckland 1142.