





Savings suspension request (employee to complete)

KiwiSaver Act 2006

Use this form to request a temporary stop of KiwiSaver employee contributions. This also temporarily stops employer contributions. If you have been a member for less than 12 months please refer to the back of this form. It's faster to request a savings suspension online at www.kiwisaver.govt.nz through My KiwiSaver. Please read the notes on the back to help you fill in this form.		
•	Section A	Personal details Please use BLOCKLETTERS
ı.	Your IRD number	
2.	Your name	- Mr - Mrs - Miss - Ms - Other Put a dash to indicate your title
3.	First names Surname Your postal address	Street number
		Suburb, box lobby or RD Town or city Postcode
4.	Your contact numbers	Day Mobile
5.	Your email address	If you give an email address you may receive KiwiSaver information by email
6.	-	ur contributions from 3 to 12 months. emporarily stopping your contributions for? Year or Months (Max I) (Min 3)
•	Section B	Employment details Please use BLOCKLETTERS
7.	-	Il an employer to stop making KiwiSaver deductions, please enter their details below. If you have other want us to tell, please attach a list to this form.
	Employer's business name	
	Employer's address	Street number Street address or PO Box number
		Suburb, box lobby or RD Town or city Postcode

This form is for employees to request a savings suspension

A savings suspension temporarily stops KiwiSaver employee contributions and employer's contributions being calculated on your pay.

KiwiSaver member for 12 months or more

Approval is automatic if you've been a member of KiwiSaver for at least 12 months. You can suspend your KiwiSaver contributions for 3 to 12 months.

If needed, you can request another savings suspension when your current suspension expires.

KiwiSaver member for less than 12 months

If you have been a KiwiSaver member for less than 12 months you can apply to suspend your contributions at any time after Inland Revenue receives your first contribution if you are experiencing financial hardship.

In this case, please attach an explanation of your situation.

We will advise you if your application under financial hardship has been accepted or declined.

Savings suspension approval notice

If approved a notice confirming your start and finish dates for suspending your KiwiSaver contributions will be sent to you. Keep this notice and show your employer/s so they can stop deducting KiwiSaver contributions from your pay. You can ask your employer/s to restart deductions at any time.

We will send you a reminder notice when your KiwiSaver contributions are due to restart.

Privacy

For full details of our privacy policy go to **www.ird.govt.nz** (search keyword: privacy).

Please send this completed form to:

Inland Revenue
PO Box 39090
Wellington Mail Centre
Lower Hutt 5045

For more information about KiwiSaver or to complete this form online in My KiwiSaver go to www.kiwisaver.govt.nz