NZFUNDS ADVISED PORTFOLIO SERVICE

Changes in client details - Entity

Complete only the relevant sections and return to New Zealand Funds Management Limited, Private Bag 92226, Auckland 1142

The changes notified here will be implemented to all investments held by the named account.

1 | Client details

Member number

N	Z	F							

Account name

Title	First name	Middle name(s)	Surname

2 | Change in contact details

New phone number(s)

Mobile	Home	Business
	( )	( )

New address

Street / PO box

Suburb	Town / city	Postcode

Old address

Street / PO box

Suburb	Town / city	Postcode

New email address

If you supply an email address, we will send you information pertaining to your investment with us by electronic means.
We suggest using your personal rather than work email address as this is less likely to change over time.

Continued over...

3 | Change in tax residency details

Is the Entity a New Zealand tax resident

Yes No

IRD number

Is the Entity a tax resident of any other country?

Yes No If Yes, please provide the country and Tax Identification Number (TIN)*.

Countries of tax residence	Tax Identification Number (TIN)*	Reason

* If a TIN is unavailable, please provide the appropriate reason A, B or C.

A – Country does not issue TINs. **B** – I have not been issued with a TIN. **C** – Country does not require TIN collection.

Is the Entity controlled by a US person? (A US Person includes a US tax resident, citizen or permanent resident/Green Card holder)

Yes No

Is the Entity controlled by a tax resident of another country? (Not including New Zealand or the United States)

Yes No

* If you have answered Yes to either of these questions, please have the controlling person complete the Foreign Tax Resident form.

4 | Change in bank details

Please attach supporting documentation.

Bank account name

Bank Branch

Bank Branch Account number Suffix

5 | Regular contribution details

Please cancel all existing regular contribution instructions.

Note: If you wish to add new or amend existing regular contributions, please complete a Switch Form from the NZ Funds Advised Portfolio Service Product Disclosure Statement.

Continued over...

6 | Regular withdrawal details

Your regular withdrawals will continue until you advise NZ Funds otherwise. Please note that regular withdrawals are permitted only from the following Portfolios.

Portfolio	Notice period	Frequency*	Amount	Start date** (Day / Month / Year)	New/Amend
Core Cash Portfolio	None		$		N A
Core Income Portfolio	21 days		$		N A
Global Income Portfolio	21 days		$		N A

* Frequency periods for regular withdrawals are fortnightly, monthly or quarterly.

** Please note that withdrawal notice periods will apply before the first regular withdrawal payment commences, with proceeds paid to your nominated bank account within four business days following. For more details, please refer to the section headed 'Withdrawing your investments' in the NZ Funds Advised Portfolio Service Product Disclosure Statement.

7 | Client signature(s)

I/we understand that this change of details for my NZ Funds Advised Portfolio Service account will be implemented as soon as practicable after NZ Funds receives the completed form.

I/we understand that personal information provided in this form and any personal information provided by me/us in the future may be used by NZ Funds and The New Zealand Guardian Trust Company Limited (Supervisor) including their related entities, and shared with and used by my/our financial adviser and by other service providers to the Portfolios, for the purposes of enabling NZ Funds and those service providers to arrange, manage and administer my/our investment, to contact me/us in relation to my/our investment, and to provide me/us with information about other products and services. NZ Funds may also use and share my/our personal information for the purposes of complying with any laws in New Zealand or another country, including using it to verify (whether by electronic means or otherwise) any identity information provided to NZ Funds. NZ Funds may also share my/our personal information with relevant authorities, including the Financial Markets Authority and Inland Revenue. I/we acknowledge that I/we have the right to access and correct this information.

I/we agree to the terms set out above.

Where there is more than one individual associated with the account, all individuals must sign below.

Individual 1 / Director / Trustee

Signature

Day Month Year

Individual 2 / Director / Trustee

Signature

Day Month Year

Individual 3 / Director / Trustee

Signature

Day Month Year