NZFUNDS Advised portfolio service



Changes in client details - Individual or joint

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								
lew phone number(s) Iobile	Home		Business						
TUDILE	()		()						
lew address treet / PO box									
Suburb	Tow	vn/city		Postcode					
Dld address Street / PO box									
Suburb	Tow	vn/city		Postcode					
New email address If you supply an email address, we wi We suggest using your personal rath	l send you information perta er than work email address a	aining to your investment wit as this is less likely to change	h us by electronic means. over time.						

Continued over.

3 Change in tax residency details									
Are you a New Zealand tax resident?		IRD numb	ber						
Are you a US Person? (A US Person includes a US tax resident, citizen of Yes Yes No If Yes, please provide your US Tax Identities			Green Ca	rd hol	der)	· · · · · · · · · · · · · · · · · · ·			
Are you a tax resident of any other country? (i.e. not including New Zea Yes No If Yes, please provide the country and Ta									
Countries of tax residence	Tax Identifica	tion Numb	oer (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 issue 	ied with a TIN.		C – Cou	untry d	oes no	ot requ	iire TIN	l colle	ction.
4 Change in bank details									
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, pl Advised Portfolio Service Product Disclosure Statement. 	ease complete	a Switch	Form fro	m the M	NZ Fur	nds			

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.

Category Portfolio name Notice period F		Frequency*	Amount	Start date**					New/Amend	
					[Day	Month	Year		
Cash	Core Cash Portfolio	None		\$						\bigcirc \bigcirc \bigcirc
Incomo	Core Income Portfolio	21 days		\$						N A
Income	Global Income Portfolio	21 days		\$						\bigcirc \bigcirc \bigcirc

* 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	