

Managed Funds Regular Withdrawal Request

If you would like help in completing this form, please email **enquiries@fisherfunds.co.nz** or phone us on **0508 FISHER (0508 347 437)**.

You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to **Fisher Funds Management Limited**, **Private Bag 93502**, **Takapuna**, **Auckland 0740** or email to **enquiries@fisherfunds.co.nz**.

Who should complete this form?

Please use this form to set-up a regular withdrawal from your Fisher Funds Managed Funds account.

Section 1: Account Details				
Account Name/s				
Fisher Funds Account Number				
F I				
Address				
Cit	Constant			Davida
City	Country			Postcode
Home Phone	Work Phone		Mobile	
()	()		()	
Email Address				
Investor 1		Investor 2		
IRD Number		IRD Number		
Prescribed Investor Rate (PIR) (please 10.5% 17.5%	tick one) 28%	Prescribed Inves	stor Rate (PIR) (pl	ease tick one) 28%
To work out your PIR, or for more info	rmation, visit <u>fisherfunds.</u>	co.nz/pircalculator	or call us on 0508	3 347 437.
If your selected PIR differs to the rate w can be processed. If you do not select	ve have on file, the change	will require 1 busin	ess day to update	e before your withdrawa

Section 2: Regular Withdrawal Options	
Set-up a regular withdrawal from the account as out	ned below (please note the minimum withdrawal amount is \$100)*
Name of Fund/s	Amount of withdrawal*
Income Fund	units or \$
Property & Infrastructure Fund	units or \$
New Zealand Growth Fund	units or \$
Australian Growth Fund	units or \$
International Growth Fund	units or \$
Conservative Fund	units or \$
Growth Fund	units or \$
Balanced Strategy (45% Conservative Fund, 55% Growth Fu	d) \$
	otal units or \$
pear this in mind if you want to receive the funds by Section 3: Payment Details	a certain date.
We will only make payments in New Zealand dollars or jointly. We will adjust your withdrawal for any tax	to a New Zealand bank account held in your name either individuall ability.
Name of Bank Account	
Account Number Bank Branch Account Numb Name of Bank and Branch Address	sr Suffix
Section 4: Proof of your Bank Account	
	number you would like the funds paid into by supplying any one of

Section 5: Identity Documents

Your application must be submitted with one of the identity document options set out in the table below. Please note we require this for each unit holder.

If these documents have been provided to us after 30 June 2013, they do not need to be provided again.

OPTION 1	OPTION 2	OPTION 3
 One of the following: Passport* (pages containing name, date of birth, photograph and signature) New Zealand certificate of identity New Zealand refugee travel document Emergency travel documents New Zealand firearms licence National identity card (containing name, date of birth, photograph and signature) 	One of the following: Full birth certificate* Certificate of citizenship PLUS one of the following: New Zealand or overseas driver licence 18+ Card	 New Zealand driver licence PLUS one of the following: New Zealand SuperGold Card Bank statement dated within the last 12 months Statement from a government agency dated within the last 12 months

^{*}If you are supplying foreign identity documents you must also supply proof of New Zealand residency.

Section 6: Certifying your Identity Documents

Identity documents must be certified by one of the following people:

- Justice of the Peace
- Registered Teacher
- Notary Public
- Registered Solicitor
- Registered Doctor
- Member of Parliament
- Chartered Accountant
- Police Officer

Identity documents cannot be certified by the following people:

- Yourself
- Someone related to you
- Your spouse or partner
- Someone who lives at the same address as you
- A person benefitting from this withdrawal

The person certifying your documents must write the following statement on the copies of your documents:

"I certify this to be a true copy of the original document and confirm it represents the identity of (full name)."

The person certifying your documents must include the following details:

- Their name
- Their signature
- Their occupation
- The date of certification

Certification must have been carried out within three months of your application. If you wish, you may personally bring your identity documents to the Fisher Funds office and we will copy and verify your documents.

Please do not send in original versions of your identity documents.

Section 7: Proof of Address

Please provide proof of your physical address (not a PO Box) by sending us a copy of an invoice, statement, letter or contract in your name, dated within the last 12 months, from one of the sources outlined below. Please note we require this for each unit holder.

- utility providers e.g. water, electricity, gas, telecommunications
- professional service providers e.g. lawyer, accountant, doctor
- major service providers e.g. Sky TV, internet provider, newspaper, insurance
- central or local government correspondence e.g. IRD, benefit statement, rates notice
- current employer payslip
- bank correspondence or statement
- tenancy agreement

Section 8: Declaration

I/we agree that the Supervisor and Fisher Funds Management Limited (and related entities) may collect and use the information set out in (or in connection with) this form for the purpose for which it is provided. Additionally, they may use that information to promote to me/us other products and services of Fisher Funds group of companies. Fisher Funds will provide me/us (on request) with the name and address of any entity to which information has been disclosed. If I/we do not provide the information required by this form, Fisher Funds and/or the Supervisor may not be able to process my/our request. I/we have the right to access all personal information held about me/us. If any of the information is incorrect, I/we have the right to have it corrected. The information set out in this form will be collected and held by Fisher Funds Management Limited and Trustees Executors Limited whose respective addresses are Level 1, Crown Centre, 67-73 Hurstmere Road, Takapuna, Auckland 0622 and Level 5, 10 Customhouse Quay, Wellington 6140.

I/we hereby request the following withdrawal to my/our investment in accordance with the provisions of the Fisher Funds Managed Funds Governing Document.

Signature	Date / /
Signature	Date
	/ /
Signature	Date
	/ /

FISHER FUNDS MANAGED FUNDS