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DETAILS OF ACCOUNT OWNER/S OR SIGNATORY

Each of the following persons associated with an account application who have not provided their details on the Application Form must complete this form and provide their identity documents:

- Individual, person acting under Power of Attorney
- Trustee
- Company director, shareholders who are not directors or officers but who control more than 25% of the investor or other person on whose behalf the investment is made
- Authorised official or officer i.e. society president
- Any other person authorised to operate the account or who has the ability to significantly influence decisions of the investor or other person on whose behalf the investment is made (effective control)

Please refer to page 23 of the Fisher Funds Premium Service Product Disclosure Statement for our specific requirements for certified evidence of identity and proof of residential address. Please note that the application cannot be processed where the name below does NOT match the identity documents supplied.

Please send this form, together with the Application Form to: Fisher Funds Management Limited, c/o Trustees Executors Limited, PO Box 409, Wellington 6140, New Zealand.

If you would like help in completing this form, please phone us on 0508 FISHER (0508 347 437).

INVESTOR DETAILS

What is your relationship to the account? i.e account holder, trustee, director

Title First Name/s				
Surname				
Physical Address				
City		Country		Postcode
Home Phone Work Phone Mobile			Mobile	
()	()	()	
Email Address				Date of Birth
				/ /
IRD Number Prescribed Investor Rate (<i>PIR</i>) - please tick one				
10.5% 17.5% 28%				
See page 14 of the Fisher Funds Premium Service Product Disclosure Statement to calculate your PIR. If a PIR is not selected, 28% will apply.				
Please list any other names you have been, or are currently known by e.g. maiden name, former married name, alias etc				
Are you a U.S. citizen or U.S. tax resident? If Yes , what is your US taxpayer identification number (<i>TIN</i>)?				
Yes No				