

Appointment of Financial Adviser

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 complete this form if you are an existing Fisher Funds investor and wish to appoint a current Financial Adviser.

Section 1: Existing Client Details

Title	First Name/s	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Prescribed Investor Rate (PIR) (please tick one)		Date of Birth
<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 28%
		<input type="text"/> / <input type="text"/> / <input type="text"/>
IRD Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>To work out your PIR, or for more information, visit www.fisherfunds.co.nz/pircalculator or call us on 0508 347 437.</i>		
Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Mobile
<input type="text"/> (<input type="text"/>)	<input type="text"/> (<input type="text"/>)	<input type="text"/> (<input type="text"/>)
Email Address		
<input type="text"/>		

Section 2: Financial Adviser Details

Adviser Name

Company Name

Fisher Funds Adviser Code

FSP Number

Statement of Advice Date

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Address

City

Country

Postcode

Work Phone

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Mobile

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Email Address

Signature of Financial Adviser

Date

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Section 3: Client Declaration

I / We

hereby authorise Fisher Funds to appoint the following Financial Adviser to advise on and service my following Fisher Funds investment/s:

<input type="checkbox"/>	Fisher Funds KiwiSaver Scheme	Account Number	<input type="text"/>
<input type="checkbox"/>	Fisher Funds TWO KiwiSaver Scheme	Account Number	<input type="text"/>
<input type="checkbox"/>	Managed Funds / Investment Series	Account Number	<input type="text"/>
<input type="checkbox"/>	LifeSaver	Account Number	<input type="text"/>
<input type="checkbox"/>	Freedom/Future/Independence Plan Account	Account Number	<input type="text"/>

I/We also hereby authorise Fisher Funds to disclose any information in regard to the above investments to my Financial Adviser if requested.

I/We understand that my Financial Adviser is bound by the provisions of the Privacy Act 1993 in respect of all my/our dealings with them.

Signature of Client/s

Date

 / /

Signature of Client/s

Date

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