

Fisher Funds LifeSaver Plan Employer Authorised Signatories

If you would like help in completing the form, please phone us on **0508 FISHER (0508 347 437)**, if calling from overseas **+64 9 445 3377**.

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, Freepost 521, PO Box 1849, Wellington 6140, New Zealand** or email to **lifesaver@fisherfunds.co.nz**.

Please complete the details of all persons currently authorised to sign documents relating to your Employer Scheme.

Section 1: Company Details

Company / Employer Name

Plan Number

Section 2: Authorised Signatories

Name

Position

Signature

Date

 / /

Name

Position

Signature

Date

 / /

Name

Position

Signature

Date

 / /

Name

Position

Signature

Date

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Name

Position

Signature

Date

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