

## Managed Funds Regular Withdrawal Amendment 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 amend an existing regular withdrawal from your Fisher Funds Managed Funds account.

Section 1: Account De	tails	
Account Name/s		
Fisher Funds Account Numb	ier	
City	Country	Postcode
-		
Home Phone	Work Phone	Mobile
( )	( )	( )
Email Address		

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 \$
•	\$ a paid into*
Change Bank Account Change the bank account the current regular withdrawal is bein	
Change Bank Account Change the bank account Name of Bank Account Account Number Bank Branch Account Number Name of Bank and Branch Address	
Change Bank Account Change the bank account the current regular withdrawal is beir Name of Bank Account  Account Number Bank Branch Account Number	g paid into*  Suffix

2 | FISHER FUNDS MANAGED FUNDS

## Section 3: 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 alteration to my/our investment in accordance with the provisions of the Fisher Funds Managed Funds Governing Document.

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