

# Investment Series Regular Withdrawal Amendment Request



If you would like help in completing this form, please email [enquiries@fisherfunds.co.nz](mailto: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, C/- Trustees Executors Limited, PO Box 409, Wellington 6140** or email to [enquiries@fisherfunds.co.nz](mailto:enquiries@fisherfunds.co.nz).

## Who should complete this form?

Please use this form to amend an existing regular withdrawal from your Fisher Funds Investment Series account.

## Section 1: Account Details

Account Name(s)

  


Fisher Funds Account Number

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Address

City

Country

Postcode

Home Phone

 ( )

Work Phone

 ( )

Mobile

 ( )

Email Address

## Section 2: Regular Withdrawal Amendment

### Change Amount

Change the current regular withdrawal amount to the amount outlined below  
(please note the minimum withdrawal amount is \$100)

Name of Fund/s	Amount of withdrawal*	
CashPlus Fund	<input type="text"/>	units or \$ <input type="text"/>
New Zealand Fixed Income Trust	<input type="text"/>	units or \$ <input type="text"/>
BondPlus Fund	<input type="text"/>	units or \$ <input type="text"/>
Multi Sector Fund	<input type="text"/>	units or \$ <input type="text"/>
Trans Tasman Equity Trust	<input type="text"/>	units or \$ <input type="text"/>
Global Fund	<input type="text"/>	units or \$ <input type="text"/>

### Change Bank Account

Change the bank account the current regular withdrawal is being paid into\*

Name of Bank Account

Account Number

                  

Bank

Branch

Account Number

Suffix

Name of Bank and Branch Address

\*Regular withdrawals can only be paid into a New Zealand bank account.

### Change Frequency

Change the current regular withdrawal frequency

Start Date

 /  / 

Frequency

Monthly

Quarterly

Annually

\*Please note this is the date your withdrawal will be priced, it will then be paid 3-5 working days after this date.

## 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 Investment Series Governing Document.

Signature

Date

 /  / 

Signature

Date

 /  / 

Signature

Date

 /  /