

FISHER FUNDS PREMIUM SERVICE INVESTMENT SWITCH FORM

If you would like help in completing this form, please email support@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 support@fisherfunds.co.nz

WHO SHOULD COMPLETE THIS FORM?

This form is for existing Fisher Funds Premium Service investors only. Before completing this form you should refer to the latest product disclosure statement to see what changes you can make to your investments and for details about the investment options.

If you are unsure about choosing an investment strategy, you may wish to speak to your dedicated Fisher Funds adviser.

SECTION 1: ACCOUNT DETAILS

Account Name/s

Fisher Funds Account Number

IRD Number

Address

City

Country

Postcode

Phone Number

Email Address

(Please supply a phone number in case we need to contact you about your request)

SECTION 2: CHANGING YOUR INVESTMENT

Please write ALL if you wish to switch 100% of your funds.

Name of Fund	Amount out	Amount in	OR	% of your balance to be invested in each fund
Premium Income Fund	\$ <input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
Premium Property & Infrastructure Fund	\$ <input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
Premium New Zealand Fund	\$ <input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
Premium Australian Fund	\$ <input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
Premium International Fund	\$ <input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
Total (percentage totals must equal 100%)	\$ <input type="text"/>	\$ <input type="text"/>		<input type="text"/> %

SECTION 3: AUTHORISATION AND DECLARATION

I hereby request Fisher Funds to direct future investments and/or transfer my current investments in accordance with my instructions in this form and declare that:

- I am authorised to make investment decisions for this account
- I have read the current Fisher Funds Premium Service Product Disclosure Statement
- I understand that any change requested will be implemented as soon as practicable after receipt of this request
- I understand that the value of my investments upon withdrawal from any fund, and investment or reinvestment into any fund will be based on the unit price which applies when the transaction is processed and that any fees, taxes and expenses may be deducted from my account.

Name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
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Name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

In the case of joint unit holders, trustees or signatories, ALL must sign. Companies must sign in accordance with the Companies Act 1989 and the company's constitution.