

Third Party Access 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 authorise a person ("*your nominee*") to access your personal information held with Fisher Funds.

For the purposes of this form, '*Personal Information*' includes any or all information held by Fisher Funds in respect of you and accounts held solely or jointly (if the form is completed by the other joint account holder(s)) in your name(s).

Your nominee will not be able to make any changes nor gain online access to your account(s).

You can revoke this request at any time by contacting us; we will process your request within five business days.

This form does not provide authority to release information to:

- Persons under 18 years of age
- Financial Advisers
- Trust, company or other entity accounts you are associated with that are held with Fisher Funds

Section 1: Your details

Account owner

Title	First Name/s	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Fisher Funds Account Number	IRD Number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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"/>		

Joint account owner

Title

First Name/s

Surname

Fisher Funds Account Number

IRD Number

Address

City

Country

Postcode

Home Phone

()

Work Phone

()

Mobile

()

Email address

Section 2: Nominee's details

Title

First Name/s

Surname

Nominee's relationship to you

Address

City

Country

Postcode

Home Phone

()

Work Phone

()

Mobile

()

Email address

Section 3: Authorisation to share personal information

- I/we authorise Fisher Funds Management Limited to share my/our personal information with the person I have nominated in section 2 of this form.
- I/we understand this authority does not authorise my nominee to make any changes to my/our personal information nor my/our investment(s) held with Fisher Funds.
- I/we understand I/we can revoke this consent at any time by notifying Fisher Funds Management Limited with five business day's written notice.

Your Name

Signature

Date

Your Name

Signature

Date