

FuturePlan Investment Switch

If you would like help in completing the form, please email yourplan@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, Private Bag 93502, Takapuna, Auckland 0740 or email to yourplan@fisherfunds.co.nz.

Who should complete this form?

Complete this form if you wish to change your FuturePlan investment strategy. If you are unsure about choosing an investment strategy, please seek advice from your financial adviser.

Section 1 — Account details				
Account number F P				
Investor 1				
Title First name and middle name(s)		Surname		
Contact phone	Email address			
Address				
City	Country		Postcode	
IRD number				

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Investor 2			
Title First name and middle name(s)	Surn	ame	
Contact phone	Email address		
Address			
)
City	Country	Postcode	
IRD number			
Section 2 — Adviser details			
Did you talk to a financial adviser about this w	ithdrawal?		
No (please go to Section 3)	Yes (please provide	the adviser's details)	
Adviser name	Com	pany name	
Section 3 — Changing your inv	estment		
Select all that apply:			
Change the investment strategy for your	r future contributions only		
Change the investment strategy for your	current account balance onl	у	
Change the investment strategy for both	n your contributions and your	current account balance	
Please show percentages in whole numbers ar	nd ensure that this totals 1009	%	
Investment fund	Future contribution	ons Current account balance	
Capital Protected Fund	(%)	%)	
Balanced Fund	%	%	
Growth Fund	%	%	
International Companies Fund	%	%	
Trans Tasman Equity Fund	%	%)	
Total must equal to 100%	%	%	

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Section 4 — 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 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	Signature	Date
		/ /
Name	Signature	Date

In the case of a joint account, both must sign.

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