

Power of Attorney Declaration

If you would like help in completing this form, please email enquiries@fisherfunds.co.nz or phone us on **0508 FISHER (0508 347 437)**.

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?

Complete this form if you hold Enduring Power of Attorney or Power of Attorney and are completing a withdrawal form that has a Statutory Declaration on behalf of the donor.

Section 1: Certification

I,
Full name of attorney

of
Address (e.g. Auckland) Occupation

am entitled to complete the attached withdrawal application as the attorney for

("member")

under the attached enduring power of attorney and certificate of non-revocation, and the information which I have provided is true and correct.

- I am applying to withdraw or transfer some or all of the member's KiwiSaver account. I understand that on full payment of the member's KiwiSaver account, the account will be closed and I agree to release all claims that have been made by me on behalf of the member on the Manager and/or Supervisor in relation to the member's KiwiSaver account.
- I understand that the withdrawal value may fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from the member's KiwiSaver account.
- I acknowledge that the Manager and the Supervisor will rely on information provided in (or in connection with) this form and the attached withdrawal form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form and the attached withdrawal form being untrue or misleading (including omission).
- I understand that the Manager and/or Supervisor will not be able to complete its assessment of this withdrawal if the information given in this form or the attached withdrawal form is incomplete or incorrect.
- I understand the information supplied by me below can be used to electronically verify my identity and address (where necessary) and that the information supplied in the attached withdrawal form can be used to electronically verify the member's identity and address, and may be disclosed for these purposes to third parties where relevant.

Section 2: Your Details

Title First Name/s Surname

Date of Birth / / IRD Number

Address

City Country Postcode

Home Phone () Work Phone () Mobile ()

Email Address

I have read the privacy statement in the attached withdrawal form.

Name Signature Date / /