

Notification of Reporting Contact (e.g. Accountant, Lawyer, Employee)

We are constantly updating our client records in order to provide you with the best possible service. Please complete the details below for any Reporting Contact you wish to add to, or remove from, your account.

If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227.

Account Details: Please ensure that full and correct names are detailed below.

Account Number: Please note your Forsyth Barr account number can be up to ten characters long.

Account Details

Account Name:

Account Number:

Forsyth Barr Adviser:

Addition of Reporting Contact

Reporting Contact Details (1)

Contact type: Accountant Lawyer Employee Other:

Title:

Name of Firm (if applicable):

Mr Ms Mrs Miss Dr Other

Full Name:

Preferred Name:

Mobile:

Work Phone:

Email:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Reporting Preferences

I would like this Reporting Contact to receive copies of:

Annual Income Reports Quarterly Reports On Request only

(Selecting 'On Request' means they won't receive information unless they request it via your Investment Adviser)

Online Account Access

Would you like this Reporting Contact to have **online access** to this account?

Yes No

Online Account Access:
The Forsyth Barr website and apps enable clients to login to view portfolio or custodial holdings, access our exclusive research and monitor financial news and market movements. Please note: our website and apps do not enable clients to transact directly.

Reporting Contact Details (2)

Contact type: Accountant Lawyer Employee Other:

Title:

Name of Firm (if applicable):

Mr Ms Mrs Miss Dr Other

Full Name:

Preferred Name:

Mobile: Work Phone:

Email:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.: Mail Centre:

Town/City: Postcode:

Country: New Zealand Other (please state):

Reporting Preferences

I would like this Reporting Contact to receive copies of:

Annual Income Reports Quarterly Reports On Request only

(Selecting 'On Request' means they won't receive information unless they request it via your Investment Adviser)

Online Account Access:
The Forsyth Barr website and apps enable clients to login to view portfolio or custodial holdings, access our exclusive research and monitor financial news and market movements. Please note: our website and apps do not enable clients to transact directly.

Online Account Access

Would you like this Reporting Contact to have **online access** to this account? Yes No

Reporting Contact Details (3)

Contact type: Accountant Lawyer Employee Other:

Title:

Name of Firm (if applicable):

Mr Ms Mrs Miss Dr Other

Full Name:

Preferred Name:

Mobile: Work Phone:

Email:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.: Mail Centre:

Town/City: Postcode:

Country: New Zealand Other (please state):

Reporting Preferences

I would like this Reporting Contact to receive copies of:

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(Selecting 'On Request' means they won't receive information unless they request it via your Investment Adviser)

Online Account Access:
The Forsyth Barr website and apps enable clients to login to view portfolio or custodial holdings, access our exclusive research and monitor financial news and market movements. Please note: our website and apps do not enable clients to transact directly.

Online Account Access

Would you like this Reporting Contact to have **online access** to this account? Yes No

Removal of Reporting Contacts

Reporting Contact Details (1)

Mr Ms Mrs Miss Dr

Full Name:

Title:

Name of Firm (if applicable):

Reporting Contact Details (2)

Mr Ms Mrs Miss Dr

Full Name:

Title:

Name of Firm (if applicable):

Signatures

- I/We authorise Forsyth Barr Limited to provide financial information to my/our Reporting Contacts in accordance with my/our instructions on this form.
- Where I am signing on behalf of other account holders, I confirm that the other account holders consent and duly authorise me to complete and submit this form on their behalf.

Name:

Signature:

Date:

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|-----|--|-------|--|--|------|--|--|--|--|
| | | | | | | | | | |
| DAY | | MONTH | | | YEAR | | | | |

Status: Please identify status: Self/Director/Trustee/Partner/Executor/Attorney/Parent or Guardian of Minor/Authorised Person

Status:

Name:

Signature:

Date:

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|-----|--|-------|--|--|------|--|--|--|--|
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| DAY | | MONTH | | | YEAR | | | | |

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| DAY | | MONTH | | | YEAR | | | | |

Status: Please identify status: Self/Director/Trustee/Partner/Executor/Attorney/Parent or Guardian of Minor/Authorised Person

Status: