

Client Change of Address, Email or Phone Number



Please note: This form only applies to clients changing their contact details or address within New Zealand. If you are changing your name, IRD number, tax details, or moving to another country, please use the 'Client Change of Details' form. Once completed, please send this form to **Client Maintenance, Forsyth Barr, Private Bag 1999, Dunedin 9054.** Please note, an original copy of this form is required for processing.

Current Account Details

Account Number: Please note your Forsyth Barr account number can be either seven or eight digits long.

Account Number:

Account Name:

Account Number: Please note your Forsyth Barr account number can be either seven or eight digits long.

Account Number:

Account Name:

Change of Contact Details

If you are only changing your email address, please leave the other fields blank.

Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.

Name:

Status:

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

Change of Address Details

New Residential Address:

Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.

Name:

Status:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: **New Zealand**

Please turn over

New Mailing Address

Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.

New Mailing Address: Only complete this part if your Mailing Address is different to your Residential Address.

Name:	
Status:	
<i>Mailing Address:</i>	
Street No./Name/PO Box:	
Suburb/RD No.:	Mail Centre:
Town/City:	Postcode:

Country: **New Zealand**

Signatures

- I/We authorise Forsyth Barr Limited to make the changes in accordance with my/our instructions on this form.
- I/We authorise Forsyth Barr Investment Management Limited to make change(s) in accordance with my/our instruction(s) on this form on my Summer KiwiSaver scheme account where applicable.
- 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.

Please tick this box if you do not wish us to apply the change(s) to your Summer KiwiSaver scheme account.

Name:	Name:
Signature:	Signature:
Date:	Date:
DAY MONTH YEAR	DAY MONTH YEAR

Name:	Name:
Signature:	Signature:
Date:	Date:
DAY MONTH YEAR	DAY MONTH YEAR