

Client Change of Details



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

Current Account Details

Account Name:
Account 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"/>
Account Name:
Account 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"/>

Please fill in the following section/s which require updating

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: <input type="radio"/> New Zealand <input type="radio"/> Other (please state):	

Country: If you are changing your country of residence, please ensure you complete the *Change of Tax Details* section on page 2.

New Mailing Address

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

Name:	
Status:	
Mailing Address: <input type="radio"/> Same as Residential Address	
Street No./Name/PO Box:	
Suburb/RD No.:	Mail Centre:
Town/City:	Postcode:
Country: <input type="radio"/> New Zealand <input type="radio"/> Other (please state):	

Country: If you are changing your country of residence, please ensure you complete the *Change of Tax Details* section on page 2.

Name Change: Please refer to the verification requirements on page 3.

Change of Name

From:
To:
Status:

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

Change of Contact Details

Name:

Status:

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

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

Change of IRD Number

Name:

IRD Number:

Name:

IRD Number:

Change of Tax Details

I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

New Zealand: (IRD Number)

Australia: (Tax File Number)

United States: (Social Security Number)

United Kingdom: (National Insurance Number)

Other Country (please state):

Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 33% will be applied.

RWT Rate: If a valid IRD number is not provided, the default withholding tax rate of 33% will be applied.

Exempt: Please attach Exemption Certificate to this Schedule.

Prescribed Investor Rate: A PIR is the tax rate that the PIE you invest in can use to calculate the tax on the income it derives from investing your contributions, if you have also provided your IRD number. If a PIR is not selected the default PIR of 28% will be applied.

Foreign Investment Fund (FIF): A FIF calculation is required for foreign share investments (and can apply to certain other foreign investments) which do not meet the relevant FIF exemption criteria. There are various exemptions from the FIF rules. One exemption can apply to a New Zealand resident individual whose FIF investments cost \$50,000 or less. Another exemption relates to Australian resident listed companies which meet certain criteria. Investments which meet the relevant FIF exemption criteria are generally taxed on dividends only, if the investment is held on capital account. For all other investments in foreign companies FIF calculations are generally required. Please consult your tax adviser if you are unsure of the position.

Non-Resident Withholding Tax Rate: The appropriate Non-Resident Withholding Tax Rate will be applied based on your country of residence.

New Zealand Tax Residents

Resident Withholding Tax Rate (RWT): Exempt 10.5% 17.5% 30% 33%

Prescribed Investor Rate (PIR) Primary Applicant: 10.5% 17.5% 28%

Prescribed Investor Rate (PIR) Second Joint Applicant: 10.5% 17.5% 28%

Prescribed Investor Rate (PIR) Third Joint Applicant: 10.5% 17.5% 28%

For further information on selecting the appropriate RWT or PIR, please refer to www.ird.govt.nz. Please advise Forsyth Barr should your tax details change.

Foreign Investments Fund (FIF)

Do you hold investments which are subject to the Foreign Investment Fund (FIF) Rules? Yes No

Overseas Tax Residents

Please apply the Approved Issuer Levy (2%), where applicable, to approved interest-bearing investments. The default Prescribed Investor Rate (PIR) for non-residents is 28%.

Verification

Change of Name

We are required by law to verify your identity. These procedures are in place to protect you and to ensure that transactions are being effected for the right person.

Accordingly, please provide the following identification to confirm the name change:

1. Natural Persons

An original certified copy of a Marriage Certificate or Deed Poll or other relevant documentation which links the old name with the new name.

2. Company/Incorporated Society/Incorporated Charitable Trust/Authorised Company account

Certificate of Incorporation which confirms the new name of the entity (original certified copy if incorporated outside NZ).

Documents provided must be certified

The copies provided must be certified by a trusted referee. Alternatively, you can provide original documents to a Forsyth Barr Authorised Financial Adviser for verification.

A trusted referee must be at least 16 years old and must be one of the following:

- Commonwealth representative
- Member of the New Zealand Police
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- Minister of Religion
- Lawyer
- Notary Public
- New Zealand Honorary Consul
- Member of Parliament
- Chartered Accountant
- Kaumatua

The trusted referee must not be:

- Related to the named individual
- The spouse or partner of the named individual
- A person who lives at the same address as the named individual
- A person involved in the transaction or business requiring the certification

The trusted referee must sight the original document, and provide a written statement to the effect that the copy provided is a true and correct copy and represents your identity.

Certification must include the name, occupation, and signature of the trusted referee and the date of confirmation, and must have been carried out in the last three months.

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.

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

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:	Name:																																								
Signature:	Signature:																																								
Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td>DAY</td><td>MONTH</td><td colspan="2">YEAR</td><td colspan="6"></td></tr> </table>											DAY	MONTH	YEAR								Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td>DAY</td><td>MONTH</td><td colspan="2">YEAR</td><td colspan="6"></td></tr> </table>											DAY	MONTH	YEAR							
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For Office Use Only

Please confirm if the client has the following accounts with Forsyth Barr:

- Summer KiwiSaver scheme Forsyth Barr Investment Funds