

Additional Deposit Form

Forsyth Barr Investment Funds



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

Account Number:

Mr
 Ms
 Mrs
 Miss
 Dr

Full Name:

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Deposit

Please credit \$ to the Investment Fund(s) detailed below.

<i>Fund</i>	<i>Dollar Value</i>
<input type="radio"/> Forsyth Barr New Zealand Equities Fund:	<input type="text"/>
<input type="radio"/> Forsyth Barr Australian Equities Fund:	<input type="text"/>
<input type="radio"/> Forsyth Barr Listed Property Fund:	<input type="text"/>
<input type="radio"/> Forsyth Barr Global Equities Fund:	<input type="text"/>
<input type="radio"/> Forsyth Barr New Zealand Fixed Interest Fund:	<input type="text"/>
<input type="radio"/> Forsyth Barr Income Fund:	<input type="text"/>
<input type="radio"/> Forsyth Barr Balanced Fund:	<input type="text"/>
<input type="radio"/> Forsyth Barr Growth Fund:	<input type="text"/>

Agreement and Signature

Name:

Signature:

Date:

DAY MONTH YEAR

Name:

Signature:

Date:

DAY MONTH YEAR

Name:

Signature:

Date:

DAY MONTH YEAR