



Switch Form

Forsyth Barr Investment Funds

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

Personal Details

Account Number:

Mr Ms Mrs Miss Dr

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

Full Name:

Switch

Please elect **either** a dollar value or 'Full' from your current investment that you wish to switch into the new fund(s).

A switch notice, once given, cannot be taken back. When you make a switch we treat it as a withdrawal from the fund that you wish to exit, and an application to buy units in the new fund that you have decided to invest in. As a result, you may need to pay PIE tax when your withdrawal is processed and buy/sell spreads may apply.

Fund	Full (tick)	Switch money from: Full/Dollar Value	Switch money to: Dollar Value or Percentage*
<input type="radio"/> Forsyth Barr New Zealand Equities Fund:	<input type="radio"/>	\$ <input type="text"/>	\$ <input type="text"/> %
<input type="radio"/> Forsyth Barr Australian Equities Fund:	<input type="radio"/>	\$ <input type="text"/>	\$ <input type="text"/> %
<input type="radio"/> Forsyth Barr Listed Property Fund:	<input type="radio"/>	\$ <input type="text"/>	\$ <input type="text"/> %
<input type="radio"/> Forsyth Barr Global Equities Fund:	<input type="radio"/>	\$ <input type="text"/>	\$ <input type="text"/> %
<input type="radio"/> Forsyth Barr New Zealand Fixed Interest Fund:	<input type="radio"/>	\$ <input type="text"/>	\$ <input type="text"/> %
<input type="radio"/> Forsyth Barr Income Fund:	<input type="radio"/>	\$ <input type="text"/>	\$ <input type="text"/> %
<input type="radio"/> Forsyth Barr Balanced Fund:	<input type="radio"/>	\$ <input type="text"/>	\$ <input type="text"/> %
<input type="radio"/> Forsyth Barr Growth Fund:	<input type="radio"/>	\$ <input type="text"/>	\$ <input type="text"/> %

*% must add to 100

Please turn over

Agreement and Signature

By signing this switch form I/we:

- instruct you to redeem units from my/our existing investments in the Forsyth Barr Investment Funds ("Funds") and apply to invest the proceeds into the Funds, in each case as I/we have set out on this form;
- confirm that I/we have received, read and understood the current Product Disclosure Statement for the Funds, as is available from www.forsythbarr.co.nz/investmentfunds;
- agree to be bound by the governing documents of the Funds applied for, as amended from time to time, and by the requirements of applicable law and regulation;
- agree that I/we will notify you of my/our Prescribed Investor Rate and any changes to it, and that special rules apply for joint holders and non-residents including the application of the highest Prescribed Investor Rate to jointly held accounts;
- confirm that I/we am/are eligible to invest in the Forsyth Barr Investment Funds, and if I am completing this form on behalf of a minor, that I am authorised to complete this form on their behalf;
- acknowledge that choosing funds in the Funds is solely my/our responsibility, and neither you nor the Supervisor recommends or is advising me/us that any particular fund or investment option is appropriate for my/our personal circumstances;
- agree that I/we will provide you with any information or documentation that you request from me/us for the purposes of you complying with any legal requirements.

Instructions for Signing

This form must be signed by all account holders. The account holders are:

- For an individual account, the individual
- For a joint account, the joint holders
- For a trust or estate account, the trustees or executors
- For a partnership account, the partners
- For an account held by a company, incorporated society or other incorporated entity, the account holder is the entity – in this case the form must be signed for the entity by someone authorised by the entity to do so.

Where a person signs on behalf of an account holder under an Enduring Power of Attorney, an original certified copy of the Power of Attorney must be provided, and a signed and completed copy of a Certificate of Non-revocation of Power of Attorney (located on the next page) must accompany this Switch Form. If a person is signing on behalf of an account holder under a Power of Attorney that is not an Enduring Power of Attorney, an original certified copy of the Power of Attorney must be provided, together with a Certificate of Non-revocation of Power of Attorney. Please contact your Investment Adviser for the correct form of the Certificate.

Signature:

Date:
DAY MONTH YEAR

Signature:

Date:
DAY MONTH YEAR

Signature:

Date:
DAY MONTH YEAR

Witness (if a Company or Trustee Company has only one Director then the Director's signature must be witnessed as set out below)

Name of Witness:

Occupation:

Address:

Street No./Name/PO Box:

Suburb/RD No.: Mail Centre:

Town/City: Postcode:

Signature:

Date:
DAY MONTH YEAR

For Adviser Confirmation Only

I confirm that I have provided the client with the most recent Product Disclosure Statement *Please turn over*

Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney

Section 103C, Protection of Personal and Property Rights Act 1988

Complete this Certificate to advise us that an Enduring Power of Attorney is still in place at the time of making any requests or signing any document when acting under the Enduring Power of Attorney. If you have any questions, please ask your Investment Adviser or contact us on 0800 367 227.

Attorney Details

Complete this part to let us know the current details of the person who has been assigned the Enduring Power of Attorney.

Mailing Address (Attorney): This is the address of the person who has been assigned the Enduring Power of Attorney.

Mailing Address (Appointor): This is the address of the person who has appointed the Attorney.

Name:	
<i>Mailing Address:</i>	
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):
Phone Work:	Phone Home:
Phone Mobile:	Fax:
Email:	

Appointor Details

Complete this part to let us know the current details of the person who appointed you as their Attorney.

Name:	
<i>Mailing Address:</i>	
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):
Phone Work:	Phone Home:
Phone Mobile:	Fax:
Email:	

Certificate

I (Full Name):

(Address):

(Occupation):

certify that –

1. *(Strike out the statement that does not apply)*

On

DAY	MONTH			YEAR					

the Appointor granted to me an Enduring Power of Attorney to act in relation to his/her property.

OR

On

DAY	MONTH			YEAR					

the Appointor granted to me an Enduring Power of Attorney to act in relation to his/her personal care and welfare and his/her property.

2. I have not received notice of an event revoking my authority to act under the Enduring Power of Attorney.

3. I have not received written notice from the Appointor suspending my authority to act under the Enduring Power of Attorney.

An event revoking the Enduring Power of Attorney means any event described in section 106(1) of the Protection of Personal and Property Rights Act 1988 ("Act") in which the Enduring Power of Attorney ceases to have effect, including:

- The Appointor dies
- The Appointor revokes the Enduring Power of Attorney by notice in writing to the Attorney while mentally capable of doing so
- The Enduring Power of Attorney is revoked by a notice in connection with a subsequent Enduring Power of Attorney given in the manner set out in section 95A of the Act
- The Attorney gives notice of disclaimer in accordance with section 104 of the Act
- The Attorney dies, or is adjudged bankrupt, or becomes subject to compulsory treatment or a special patient under the Mental Health (Compulsory Assessment and Treatment) Act 1992, or becomes subject to a personal order or a property order under the Act, or otherwise becomes incapable of acting
- A Court revokes the appointment of the Attorney under section 105 of the Act.

Signature:

Date:

DAY	MONTH			YEAR					

Place this declaration was made (e.g. City):