



Change of details form

Summer
KiwiSaver Scheme
My Plan

Complete this form, **sign on the reverse** and return it to
Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.

My details: If you are a parent/guardian completing this form on behalf of a minor please provide their details.

My details

Full name:

Change of address details

Residential address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Is your mailing address different from your Residential Address? Yes No

If yes, please complete the following fields. If no, please skip this section and move to the next applicable section.

Mailing address:

Street No./Name/PO Box:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Country: Please note that you are not eligible for Member Tax Credits while you are living overseas. If you do not believe this should apply to you, please contact us. Please also note that for a non New Zealand residence, your PIR rate may need to be updated to the non resident rate of 28%. You can update this in the *Change of Prescribed Investor Rate* section below.

Change of contact details

Primary contact number:

Phone home:

Phone mobile:

Phone work:

Email:

Change of name: Please provide either original or original certified copies of either a Marriage Certificate, Deed Poll or Birth Certificate to confirm your change of name.

Change of name

Mr Ms Mrs Miss Dr Other (please state)

New name:

Change of Prescribed Investor Rate (PIR)

PIR: 10.5% 17.5% 28%

Please turn over

Amendment to direct debit amount/frequency

Frequency: Weekly Fortnightly Monthly Quarterly Annually

Start date:

Day			Month			Year			

New direct debit authority attached: Yes No

Minors: If the member is under the age of 18, one of the member's parents/guardians must also complete *Agreement and signature Parent/Guardian*.

Agreement and signature

I authorise Forsyth Barr Investment Management Limited to make the changes in accordance with the instructions on this form, and in accordance with the terms and conditions of my account, including updating my Forsyth Barr investment account where applicable.

Date:

Day		Month			Year				

Agreement and signature Parent/Guardian

I/we authorise Forsyth Barr Investment Management Limited to make the changes in accordance with the instructions on this form, and in accordance with the terms and conditions of their account, including updating their Forsyth Barr investment account where applicable.

Date:

Day		Month			Year				

For Office Use Only:

Account number:

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