

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):

Change of contact details

Primary contact number:

Phone home:

Phone mobile:

Phone work:

Email:

Change of name:

Please provide a certified copy of 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:

PIR: The Inland Revenue may also tell us to update your PIR if their records indicate a change is required.

Change of Prescribed Investor Rate (PIR)

PIR: ☐ 10.5% ☐ 17.5% ☐ 28%

Please turn over

Amendment to direct debit amount/frequency

Amount: \$

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.

Signature:

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.

Name of parent/legal guardian:

Signature:

Date:

Day		Month		Year			

For Office Use Only:

Account number:

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