

Did you know you can also change investment options by signing in to www.nzasretirementfund.com?

APPLICATION TO CHANGE INVESTMENT OPTION(S)

Name: _____		Title: Mr / Mrs / Ms / Miss	
Surname	Given names	(Please circle one)	
CHANGE(S) TO TAKE EFFECT: 1st JAN / FEB / MAR / APR / MAY / JUN / JUL / AUG / SEPT / OCT / NOV / DEC			
(Please circle one – note that your form will be invalid and the change will not take place if you do not indicate a date)			
IRD No.: _____	Date of Birth: ____/____/____	Contact Phone No: () _____	
Employee Number (not applicable for retirement account members): _____			
Email Address: _____			

Indicate the percentage of your account to be invested in each investment option:

Please refer to the Fund's Product Disclosure Statement (PDS) and Other Material Information (OMI) documents for more information on each investment option prior to selecting your new investment option/s. These documents are [available here](#).

	Cash option	Conservative option	Balanced option	Growth option
Note: please select whole percentages and ensure total equals 100%	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

I request that my total account balance and future contributions be placed in the investment option(s) as indicated above.

I understand that if the total does not equal 100% or if I have not indicated whole percentages, the requested changes cannot be actioned. I understand that:

- choosing an investment option or investment options is solely my responsibility;
- the Trustee is not representing or implying that any particular investment option (or combination) is appropriate for my personal circumstances;
- my choice of an investment option (or combination) is a binding direction from me to the Trustee for the purposes of applicable trusts legislation;
- I may change my investment strategy with effect from the first day of the following month, either online at www.nzasretirementfund.com by the day before the month-end or by completing and returning this form *NZAS14C* 5 working days before the month-end.
- If using this form it must be received by the administrator at least five working days prior to the first day of the month you wish any changes to take effect.

If you wish to change your investment option(s), please sign this form and it must be received at least five working days prior to the first day of the month you wish any changes to take effect.

By signing, you acknowledge that you have received and read the Fund's Product Disclosure Statement, which explains these options in more detail.

Signed by member: _____

Date: ____/____/____
Day Month Year

IMPORTANT:

Please send your completed form to Administration at nzasrf@mercer.com at least five working days before the first of the month indicated by you above. Your form will be invalid (and the change will not take place) if you do not indicate a date. Changes cannot be made retrospectively, that is, changes cannot be backdated.

If your form is received less than five working days before the first of the month you indicate, the change may be delayed until the first day of the following month.