

Notification of Reporting Contact (e.g. Accountant, Lawyer, Employee)

We are constantly updating our client records in order to provide you with the best possible service. Please complete the details below for any Reporting Contact you wish to add to, or remove from, your account.

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

Account Details: Please ensure that full and correct names are detailed below.

Account Number: Please note your Forsyth Barr account number can be up to ten characters long.

Account Details

Account Name:

Account Number:

Forsyth Barr Adviser:

Addition of Reporting Contact

Reporting Contact Details (1)

Contact type: ☐ Accountant ☐ Lawyer ☐ Employee ☐ Other:

Title:

Name of Firm (if applicable):

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name:

Preferred Name:

Mobile:

Work Phone:

Email:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: ☐ New Zealand ☐ Other (please state):

Reporting Preferences

I would like this Reporting Contact to receive copies of:

☐ Annual Income Reports ☐ Quarterly Reports ☐ On Request only

(Selecting 'On Request' means they won't receive information unless they request it via your Investment Adviser)

Online Account Access

Would you like this Reporting Contact to have **online access** to this account?

☐ Yes ☐ No

Online Account Access:
The Forsyth Barr website and apps enable clients to login to view portfolio or custodial holdings, access our exclusive research and monitor financial news and market movements. Please note: our website and apps do not enable clients to transact directly.

Reporting Contact Details (2)Contact type: ☐ Accountant ☐ Lawyer ☐ Employee ☐ Other: Title: Name of Firm (if applicable): ☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other: Full Name: Preferred Name: Mobile: Work Phone: Email:

Mailing Address:

Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: ☐ New Zealand ☐ Other (please state): **Reporting Preferences**

I would like this Reporting Contact to receive copies of:

☐ Annual Income Reports ☐ Quarterly Reports ☐ On Request only*(Selecting 'On Request' means they won't receive information unless they request it via your Investment Adviser)*

Online Account Access:
The Forsyth Barr website and apps enable clients to login to view portfolio or custodial holdings, access our exclusive research and monitor financial news and market movements. Please note: our website and apps do not enable clients to transact directly.

Online Account AccessWould you like this Reporting Contact to have **online access** to this account?☐ Yes☐ No

Reporting Contact Details (3)Contact type: ☐ Accountant ☐ Lawyer ☐ Employee ☐ Other: Title: Name of Firm (if applicable): ☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other: Full Name: Preferred Name: Mobile: Work Phone: Email:

Mailing Address:

Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: ☐ New Zealand ☐ Other (please state): **Reporting Preferences**

I would like this Reporting Contact to receive copies of:

☐ Annual Income Reports ☐ Quarterly Reports ☐ On Request only

(Selecting 'On Request' means they won't receive information unless they request it via your Investment Adviser)

Online Account AccessWould you like this Reporting Contact to have **online access** to this account?☐ Yes☐ No

Online Account Access:
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Removal of Reporting Contacts**Reporting Contact Details (1)**

☐ Mr
 ☐ Ms
 ☐ Mrs
 ☐ Miss
 ☐ Dr
 ☐ Other

Full Name:

Title:

Name of Firm (if applicable):

Reporting Contact Details (2)

☐ Mr
 ☐ Ms
 ☐ Mrs
 ☐ Miss
 ☐ Dr
 ☐ Other

Full Name:

Title:

Name of Firm (if applicable):

Signatures

- I/We authorise Forsyth Barr Limited to provide financial information to my/our Reporting Contacts in accordance with my/our instructions on this form.
- Where I am signing on behalf of other account holders, I confirm that the other account holders consent and duly authorise me to complete and submit this form on their behalf.

Name:

Signature:

Date:

DAY		MONTH		YEAR			

Status:

Status: Please identify status:
Self/Director/Trustee/Partner/
Executor/Attorney/Parent or
Guardian of Minor/Authorised
Person

Name:

Signature:

Date:

DAY		MONTH		YEAR			

Status:

Status: Please identify status:
Self/Director/Trustee/Partner/
Executor/Attorney/Parent or
Guardian of Minor/Authorised
Person

Name:

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DAY		MONTH		YEAR			

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Self/Director/Trustee/Partner/
Executor/Attorney/Parent or
Guardian of Minor/Authorised
Person