## **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.

detailed below: Account Name:   Account Number:						
Vour Forsyth Barr Adviser:     Forsyth Barr Adviser:     Addition of Reporting Contact   Reporting Contact Details (1)   Contact type:   Accountant   Lawyer   Employee   Other:   Title:   Name of Firm (if applicable):   Wr   Mr   Ms   Mrs   Dr   Other     Full Name:   Preferred Name:   Mobile:   Work Phone:   Email:   Mailing Address:   Street No./Name/PO Box:   Suburb/RD No:   Town/City:   New Zealand   Other (please state):	Account Name:					
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:   Town/City:   Other (please state):	Account Number:					
Reporting Contact Details (1)   Contact type:   Accountant   Lawyer   Employee   Other:     Title:     Name of Firm (if applicable):   Mr   Ms   Mr   Ms   Mr   Ms   Mr   Mail Name:   Preferred Name:   Mobile:   Work Phone:   Email:   Mailing Address:   Street No./Name/PO Box:   Suburb/RD No.:   Mail Centre:   Town/City:   New Zealand   Other (please state):						
Reporting Contact Details (1)   Contact type:   Accountant   Lawyer   Employee   Other:     Title:     Name of Firm (if applicable):   Mr   Ms   Mr   Ms   Mr   Ms   Mr   Mail Name:   Preferred Name:   Mobile:   Work Phone:   Email:   Mailing Address:   Street No./Name/PO Box:   Suburb/RD No.:   Mail Centre:   Town/City:   New Zealand   Other (please state):						
Reporting Contact Details (1)   Contact type:   Accountant   Lawyer   Employee   Other:     Title:     Name of Firm (if applicable):   Mr   Ms   Mr   Ms   Mr   Ms   Mr   Mail Name:   Preferred Name:   Mobile:   Work Phone:   Email:   Mailing Address:   Street No./Name/PO Box:   Suburb/RD No.:   Mail Centre:   Town/City:   New Zealand   Other (please state):						
Contact type: Accountant Lawyer Employee Other:     Title:     Name of Firm (if applicable):     Mr Ms Mrs Miss     Full Name:     Preferred Name:     Mobile: Work Phone:     Email:   Mailing Address:     Street No./Name/PO Box:     Suburb/RD No.:   Town/City:   Postcode:   Country:   New Zealand   Other (please state):	Addition of Reporting Contact					
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:  Street No./Name/PO Box:  Suburb/RD No.:  Mail Centre:  Town/City: Postcode:  Country: New Zealand  Other (please state):	Reporting Contact Details (1)					
Name of Firm (if applicable):   Mr   Ms   Mrs   Miss   Full Name:	Contact type: Accountant Lawyer Employee Other:					
Mr Ms Mrs Miss Dr Other   Full Name:   Preferred Name:   Mobile: Work Phone:   Email:   Mailing Address:   Street No./Name/PO Box:   Street No./Name/PO Box:   Suburb/RD No.:   Mail Centre:   Town/City:   New Zealand   Other (please state):						
Full Name:   Preferred Name:   Mobile:   Work Phone:   Email:   Mailing Address:   Street No./Name/PO Box:   Street No./Name/PO Box:   Suburb/RD No.:   Mail Centre:   Town/City:   Postcode:   Country:   New Zealand   Other (please state):						
Full Name:   Preferred Name:   Mobile:   Work Phone:   Email:   Mailing Address:   Street No./Name/PO Box:   Street No./Name/PO Box:   Suburb/RD No.:   Mail Centre:   Town/City:   Postcode:   Country:   New Zealand   Other (please state):						
Preferred Name:   Mobile:   Work Phone:   Email:   Mailing Address:   Street No./Name/PO Box:   Street No./Name/PO Box:   Suburb/RD No.:   Mail Centre:   Town/City:   Postcode:   Country:   New Zealand   Other (please state):	Mr     Ms     Mrs     Miss     Dr     Other					
Mobile:       Work Phone:         Email:	Full Name:					
Email:       Mailing Address:         Street No./Name/PO Box:       Suburb/RD No.:         Suburb/RD No.:       Mail Centre:         Town/City:       Postcode:         Country:       New Zealand       Other (please state):	Preferred Name:					
Mailing Address:         Street No./Name/PO Box:         Suburb/RD No.:       Mail Centre:         Town/City:       Postcode:         Country:       New Zealand       Other (please state):						
Street No./Name/PO Box:         Suburb/RD No.:       Mail Centre:         Town/City:       Postcode:         Country:       New Zealand       Other (please state):	Email:					
Suburb/RD No.:     Mail Centre:       Town/City:     Postcode:       Country:     New Zealand     Other (please state):	Mailing Address:					
Town/City:     Postcode:       Country:     New Zealand     Other (please state):	Street No./Name/PO Box:					
Country: New Zealand Other (please state):						
Reporting Preferences						
Reporting Frederices						
I would like this Reporting Contact to receive copies of:	I would like this Reporting Contact to receive copies of:					
Annual Income Reports Quarterly Reports On Request only	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)	(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 Nould you like this Reporting Contact to have online access to this account? Yes Yes Yes	No					

🛟 FORSYTH BARR

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					

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

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.

🔵 Yes 👘 No

Reporting Contact Details (3)					
Contact type: Accountant Lawyer Employee Other:					
Title:					
Name of Firm (if applicable):					
Mr Ms Mrs Miss		Other			
Full Name:					
Preferred Name:					
Mobile:	Work Phone:				
Email:					
Mailing Address:					
Street No./Name/PO Box:					
Suburb/RD No.:	Ν	Iail 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 informa	tion unless they reque	est it via your In	vestment Adviser)		
Online Account Access					

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

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.

🔵 Yes 👘 No

## **Removal of Reporting Contacts**

Reporting	Contact Deta	iils (1)			
🔵 Mr	O Ms	O Mrs	O Miss	🔵 Dr	Other
Full Name	:				
Title:					
Name of I	Firm (if applic	cable):			
Reporting	Contact Deta	iils (2)			
🔵 Mr	🔵 Ms	O Mrs	O 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:				
Status: Please identify status: Self/Director/Trustee/Partner/ Executor/Attorney/Parent or	Signature:	Date:	DAY	MONTH	YEAR
Executor/Attorney/Parent or Guardian of Minor/Authorised Person	Status:				
[	Name:				
	Signature:	Date:		MONTH	VEAD
Status: Please identify status: Self/Director/Trustee/Partner/ Executor/Attorney/Parent or			DAT	MONTH	TEAK
Guardian of Minor/Authorised Person	Status:				
r					
	Name:				
	Signature:	Date:			
Status: Please identify status: Self/Director/Trustee/Partner/ Executor/Attorney/Parent or			DAY	MUNTH	YEAK
Guardian of Minor/Authorised Person	Status:				
Person  Status: Please identify status: Self/Director/Trustee/Partner/ Executor/Attorney/Parent or Guardian of Minor/Authorised Person  Status: Please identify status: Self/Director/Trustee/Partner/ Executor/Attorney/Parent or Guardian of Minor/Authorised	Name: Signature: Status: Name: Signature:		DAY	MONTH	YEAR YEAR