

# Third Party Authorisation Payments

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 Name:

Account Number:

--	--	--	--	--	--	--	--	--	--

☐ Mr

☐ Ms

☐ Mrs

☐ Miss

☐ Dr

☐

Other

Full Name:

☐ Mr

☐ Ms

☐ Mrs

☐ Miss

☐ Dr

☐

Other

Full Name:

☐ Mr

☐ Ms

☐ Mrs

☐ Miss

☐ Dr

☐

Other

Full Name:

☐ Mr

☐ Ms

☐ Mrs

☐ Miss

☐ Dr

☐

Other

Full Name:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: ☐ New Zealand

☐

Other (please state):

Phone Work:

Phone Home:

Phone Mobile:

Fax:

Email:

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

**Full Name:** Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Please turn over

**IRD Payments:** Please provide original documentation from the Inland Revenue Department confirming their bank account details.

**Payments to Trustee(s):** Please provide original bank account documentation in the same name as the Trustee(s).

Third Party Payments

- ☐ I authorise Forsyth Barr Limited to make payments from time to time as requested by me/us to the Inland Revenue Department by deductions from my Forsyth Barr Cash Management account.
- ☐ I authorise Forsyth Barr Limited to make payments from time to time as requested by me/us to the following Trustee(s) as no bank account has been opened in the name of the Trust:

Trustee Name:

Trustee Name:

Trustee Name:

Signatures

ALL Account Holders must sign below to authorise the Third Party payee(s) outlined above.  
I authorise Forsyth Barr Limited to make the changes in accordance with my instructions on this form.

Name:

Signature:

Date:

DAY

MONTH

YEAR

Name:

Signature:

Date:

DAY

MONTH

YEAR

Name:

Signature:

Date:

DAY

MONTH

YEAR

Name:

Signature:

Date:

DAY

MONTH

YEAR