



Forsyth Barr Investment Funds Switch Form

If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227. Please complete this form and return it to: Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.

Personal Details

Account Number:

Mr Ms Mrs Miss Dr Other

Full Name:

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Switch

Please elect **either** a dollar value or percentage from your current investment that you wish to switch into the new fund(s)

Fund	Switch money from:		Switch money to:	
	Dollar Value	Percentage	Dollar Value	Percentage
<input type="radio"/> Forsyth Barr New Zealand Equities Fund	\$	%	\$	%
<input type="radio"/> Forsyth Barr Australian Equities Fund	\$	%	\$	%
<input type="radio"/> Forsyth Barr Global Equities Fund	\$	%	\$	%
<input type="radio"/> Forsyth Barr NZ Fixed Interest Fund	\$	%	\$	%
<input type="radio"/> Forsyth Barr Premium Yield Fund	\$	%	\$	%
<input type="radio"/> Forsyth Barr Listed Property Fund	\$	%	\$	%

The withdrawal may result in PIE tax to pay. You can review all fees for the funds in the current product disclosure statement which is available on our website at www.forsythbarr.co.nz or by calling us on 0800 367 227.

Agreement and Signature

By signing this switch form I/we:

- instruct you to redeem units from my/our existing investments in the Forsyth Barr Investment Funds ("Funds") and apply to invest the proceeds into the Funds, in each case as I/we have set out on this form;
- confirm that I/we have received, read and understood the current Product Disclosure Statement for the Funds, as is available from www.forsythbarr.co.nz/investmentfunds;
- agree to be bound by the governing documents of the Funds applied for, as amended from time to time, and by the requirements of applicable law and regulation;
- agree that I/we will notify you of my/our Prescribed Investor Rate and any changes to it, and that special rules apply for joint holders and non-residents including the application of the highest Prescribed Investor Rate to jointly held accounts;
- confirm that I/we am/are eligible to invest in the Forsyth Barr Investment Funds, and if I am completing this form on behalf of a minor, that I am authorised to complete this form on their behalf;
- acknowledge that choosing funds in the Funds is solely my/our responsibility, and neither you nor the Supervisor recommends or is advising me/us that any particular fund or investment option is appropriate for my/our personal circumstances;
- agree that I/we will provide you with any information or documentation that you request from me/us for the purposes of you complying with any legal requirements.

Instructions for Signing

This form must be signed by all account holders. The account holders are:

- For an individual account, the individual
- For a joint account, the joint holders
- For a trust or estate account, the trustees or executors
- For a partnership account, the partners
- For an account held by a company, incorporated society or other incorporated entity, the account holder is the entity – in this case the form must be signed for the entity by someone authorised by the entity to do so.

Where a person signs on behalf of an account holder under an Enduring Power of Attorney, an original certified copy of the Power of Attorney must be provided, and a signed and completed copy of a Certificate of Non-revocation of Power of Attorney (located on the next page) must accompany this Switch Form. If a person is signing on behalf of an account holder under a Power of Attorney that is not an Enduring Power of Attorney, an original certified copy of the Power of Attorney must be provided, together with a Certificate of Non-revocation of Power of Attorney. Please contact your Investment Adviser for the correct form of the Certificate.

Signature:

Date:

DAY	MONTH			YEAR					

Signature:

Date:

DAY	MONTH			YEAR					

Signature:

Date:

DAY	MONTH			YEAR					

Witness (if a Company or Trustee Company has only one Director then the Director's signature must be witnessed as set out below)

Name of Witness:

Occupation:

Address:

Street No./Name/PO Box:

Suburb/RD No.: Mail Centre:

Town/City: Postcode:

Signature:

Date:

DAY	MONTH			YEAR					

For Adviser Confirmation Only

I confirm that I have provided the client with the most recent Product Disclosure Statement

Certificate of Non-revocation of Enduring Power of Attorney

Section 103C, Protection of Personal and Property Rights Act 1988

Complete this Certificate to advise us that an Enduring Power of Attorney is still in place at the time of making any requests relating to your account. If you have any questions, please ask your Investment Adviser or contact us on 0800 367 227.

Mailing Address (Attorney): This is the address of the person who has been assigned the Power of Attorney.

Mailing Address (Appointor): This is the address of the person who has appointed the Power of Attorney.

Notes:
Definition of an event revoking the Power of Attorney means any of the following events in which the Enduring Power of Attorney ceases to have effect:

- The Appointor revokes the power while mentally capable of doing so; or
- The Appointor dies; or
- The Attorney gives notice of disclaimer in accordance with Section 104 of the Protection of Personal and Property Rights Act 1988; or
- The Attorney dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992, detained in a hospital under that Act, or becomes subject to a personal order under Part 1 of the Protection of Personal and Property Rights Act 1988, or a property order under Part 3 of the Protection of Personal and Property Rights Act 1988, or otherwise becomes incapable of acting; or
- In the case of an Enduring Power of Attorney that appoints more than one Attorney with joint but not several authority, one of the Attorney's dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992, detained in a hospital under that Act, or becomes subject to a personal order under Part 1 of the Protection of Personal and Property Rights Act 1988, or property order under Part 3 of the Protection of Personal and Property Rights Act 1988, or otherwise becomes incapable of acting; or
- A Court revokes the appointment of the Attorney pursuant to Section 105 of the Protection of Personal and Property Rights Act 1988.

Attorney Details

Complete this part to let us know the current details of the person who has been assigned the Power of Attorney.

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: _____

Appointor Details

Complete this part to let us know the current details of the person who appointed you as their Attorney.

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: _____

Signature

I certify:

- That I am the Attorney of the Appointor under and by virtue of a Power of Attorney dated:

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DAY

MONTH (in Full)

2	0		
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YEAR

given to me by him/her/them

- That I have executed the Client Agreement hereby as Attorney under the said Power of Attorney and pursuant to the power thereby conferred upon me
- That I have not received notice or information of revocation of the said Power of Attorney, by death or otherwise, and I believe the same to be in full force and effect

Signature: _____

Date: _____

DAY	MONTH	YEAR					

Place this declaration was made (e.g. City): _____