

Client Change of Email Address Form



Once complete, please send your form to **Client Maintenance Department, Forsyth Barr Limited, Private Bag 1999, Dunedin 9054**. Alternatively, a scanned, signed copy of the form will be accepted when sent from an account holder's current registered email address. Email the completed form to cm@forsythbarr.co.nz

Account Details

Account Number:

Account Name: _____

Name: _____

Current email address: _____

New email address: _____

Name: _____

Current email address: _____

New email address: _____

Name: _____

Current email address: _____

New email address: _____

Name: _____

Current email address: _____

New email address: _____

Name: _____

Current email address: _____

New email address: _____

New email address and online account information: If you have access to your Forsyth Barr account via our website, we will update your online profile so that your new email address also becomes your username. Once the change has been made, you will then be able to use your new email address to log in to your online account. An email confirmation will be sent to your new email address informing when the change has been completed.

Signatures

This form must be signed by at least one account holder. The account holder(s) 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.
- If you are unsure of your status on this account, please contact us on 0800 367 227.
- I/We authorise Forsyth Barr Limited to make the changes in accordance with my/our instructions on this form.
 - I/We authorise Forsyth Barr Investment Management Limited to make change(s) in accordance with my/our instruction(s) on this form on my Summer KiwiSaver scheme account where applicable.

Please tick this box if you do not wish us to apply the change(s) to your Summer KiwiSaver scheme account.

Where not all account holders sign, the account holders signing are confirming that the other account holders consent and duly authorise them to complete and submit this form on their behalf.

Name:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR			

Name:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR			

Name:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR			

Name:

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Signature:

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Date:

DAY		MONTH		YEAR			

Name:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR			

For Office Use Only

Please confirm if the client has the following accounts with Forsyth Barr:

Summer KiwiSaver scheme

Forsyth Barr Investment Funds