



**OFFICE USE**

Plan ID \_\_\_\_\_

\_\_\_\_\_

MEMBER NAME

\_\_\_\_\_

PLAN NUMBER

\_\_\_\_\_

MEMBER PHONE NUMBER

\_\_\_\_\_

MEMBER EMAIL ADDRESS

Please make the following changes to the Investment Portfolios in which my total accounts and/or contributions are invested.

I confirm that these changes are consistent with the options available to me in the plan.

PLEASE TICK (YOU CAN TICK MORE THAN ONE)

- A  Switch **only** my current balance to the Investment Portfolio(s) selected below.
  - B  Invest **only** my future regular contributions in the Investment Portfolio(s) selected below.
  - C  Switch **both** my current and future contributions in the Investment Portfolio(s) selected below.
- and/or
- D  Invest a lump sum contribution in the Investment Portfolio(s) selected below.

Either a cheque for \$ \_\_\_\_\_ is attached

or funds will be transferred from \_\_\_\_\_ *eg ABC Superannuation Fund.*

Investment Portfolio Name	A % of total accounts	B % of regular contributions	C % of lump sum contribution	Investment Code
<b>Diversified Portfolios</b>				
Conservative	%	%	%	ASMTPMCON
Balanced	%	%	%	ASMTPMBAL
High Growth	%	%	%	ASMTPMHG
<b>Sector Portfolios</b>				
Cash	%	%	%	ASMPAXAC
NZ Fixed Interest	%	%	%	ASMPAXAF
International Fixed Interest	%	%	%	ASMPAXAIF
Listed International Property	%	%	%	ASMPFCFSLP
Listed NZ & Australian Property	%	%	%	ASMPGTLP
NZ & Australian Shares (Growth)	%	%	%	ASMPAXAAS
NZ & Australian Shares (Value)	%	%	%	ASMPARCAS
International Shares (Growth)	%	%	%	ASMPGETIS
International Shares (Value)	%	%	%	ASMPPLFIS
International Shares (Passive)	%	%	%	ASMPSSGIS
<b>Total Contributions</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

**ADVICE**

Have you received financial advice from an adviser in making this decision to change your investment? *(please tick)*

YES  NO

*If yes, please ensure the adviser section below is completed by your adviser.*

**TO BE COMPLETED BY THE ADVISER (OFFICE USE ONLY)**

I confirm I am an: *(please tick one)*  AFA *(Authorised to give advice on investments)*  Other *(please specify)*

and I certify that the information provided in this Adviser Information Section is correct and that I have complied with the requirements under the Financial Advisers Act 2008 and all other applicable laws.

ADVISER NAME

FSP NUMBER\* *\*please use your QFE's FSPN if you are a QFE adviser*

**Member to Read and Sign**

I direct the Administration Manager to invest my account balances and future contributions as indicated on this form. I acknowledge that neither the Participating Employer, nor my employer (if different), nor the Trustee nor the Administration Manager will be liable to me for any loss as a consequence of any such investment direction. I understand that any changes to my portfolio selection will normally take effect from the day following receipt of this completed form in the Administration Manager's office at 80 The Terrace, Wellington and that the Administration Manager will forward me confirmation of the changes made.

SIGNATURE OF MEMBER

DATE

Send this completed form to AXA New Zealand, PO Box 1692, Wellington 6140