



1 FILL IN YOUR CONTACT DETAILS

| | | | | | | | | | | |
|------------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| IRD NUMBER | | | | MEMBER NUMBER | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | <input type="text"/> | | | | | |
| TITLE | GIVEN NAME(S) (PLEASE PRINT) | | | | SURNAME | | | | | |
| <input type="text"/> | <input type="text"/> | | | | <input type="text"/> | | | <input type="text"/> | | |
| HOME PHONE | | | | BUSINESS PHONE | | | MOBILE PHONE | | | |
| <input type="text"/> | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | |
| POSTAL ADDRESS | | | | | | | | | | |
| <input type="text"/> | | | | | <input type="text"/> | | | | | |
| STREET NUMBER AND NAME | | | | | SUBURB | | | | | |
| <input type="text"/> | | | | | <input type="text"/> | | <input type="text"/> | | | |
| TOWN/CITY | | | | | POSTCODE | | COUNTRY | | | |

2 CHOOSE HOW YOU WOULD LIKE YOUR RETIREMENT SAVINGS INVESTED

You can choose to change your portfolios for:

- only your current savings balance (to do this, fill in only section 3), or
- only your future contributions (to do this, fill in only section 4), or
- both your current balance and future contributions (to do this, fill in both sections 3 and 4 overleaf)

For a full explanation of each portfolio, please see the latest AXA KiwiSaver Scheme Investment Statement. You can find a copy of this on our website www.axa.co.nz or obtain one by calling us on 0800 29 27 28.

Before you make any decisions regarding savings it's important to understand your current financial situation and determine your personal goals. We recommend that you seek financial advice before making changes to your savings. To find a financial adviser near you, simply call us. A disclosure statement is available from your adviser, on request and free of charge.

3 SWITCH THE CURRENT BALANCE OF MY RETIREMENT SAVINGS TO BE IN THE PORTFOLIOS BELOW

| INVESTMENT PORTFOLIO NAME | HOW MY CURRENT BALANCE WILL BE INVESTED (WHOLE PERCENTAGES ONLY) |
|---------------------------|--|
| KiwiSaver Cash | % |
| KiwiSaver Conservative | % |
| KiwiSaver Balanced | % |
| KiwiSaver Growth | % |
| TOTAL | 100% |

4 SWITCH MY FUTURE CONTRIBUTIONS TO BE IN THE PORTFOLIOS AS BELOW

| INVESTMENT PORTFOLIO NAME | HOW MY FUTURE BALANCE WILL BE INVESTED (WHOLE PERCENTAGES ONLY) |
|---------------------------|---|
| KiwiSaver Cash | % |
| KiwiSaver Conservative | % |
| KiwiSaver Balanced | % |
| KiwiSaver Growth | % |
| TOTAL | 100% |

5 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, nor any other person 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 within two business days 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

6 CONFIRM YOUR FINANCIAL ADVISER

(PLEASE TICK BOX) I would like the below financial adviser to be my Servicing Adviser. A disclosure statement is available from your adviser on request and free of charge.

Send your completed form to AXA New Zealand, Freepost AXA, Wellington 6140.

TO BE COMPLETED BY THE ADVISER (office use only)

Adviser’s name

Adviser’s number

Adviser’s phone number

I confirm I have sighted or have the required documents of investor identification and the signature matches that on this form.

(PLEASE TICK BOX)

PCEF

T

(TICK ONE ONLY)

Adviser’s signature

Advisers: if you have a copy of identification, please forward a copy with this form.