

5. 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*

6. 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

7. 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 financial 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 (PLEASE TICK BOX) PCEF T (TICK ONE ONLY) and the signature matches that on this form.

Adviser's signature

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