



**STEP 1: FILL IN YOUR CONTACT DETAILS**

PLAN NUMBER

MEMBER NUMBER

NAME(S)

DAYTIME PHONE

MOBILE PHONE

EMAIL ADDRESS

**POSTAL ADDRESS**

STREET NUMBER AND NAME

SUBURB

TOWN/CITY

POSTCODE

**STEP 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 2A overleaf), or
- **only** your future contributions (To do this, fill in **only** section 2B overleaf), or
- **both** your current balance and future contributions (To do this, fill in **both** sections 2A and 2B overleaf).

For a full explanation of each portfolio, please see the latest AXA State Sector Retirement Savings Scheme Investment Statement. You can find a copy of this on our website [www.axa.co.nz](http://www.axa.co.nz) or obtain one by calling us on **0800 277 473**.

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, free of charge.

*Continued Overleaf*

**SECTION 2A: SWITCH THE CURRENT BALANCE OF MY RETIREMENT SAVINGS TO BE IN THE PORTFOLIOS BELOW**

INVESTMENT PORTFOLIO NAME	HOW MY CURRENT BALANCE WILL BE INVESTED <i>(Whole percentages only)</i>	INVESTMENT CODE
Cash	%	ASMTCAxAC
Conservative	%	ASMTcMMCON
Balanced	%	ASMTcMMBAL
High Growth	%	ASMTcMMHG
<b>Total Contributions</b>	<b>Total 100%</b>	

**SECTION 2B: SWITCH MY FUTURE CONTRIBUTIONS TO BE IN THE PORTFOLIOS AS BELOW**

INVESTMENT PORTFOLIO NAME	HOW MY FUTURE BALANCE WILL BE INVESTED <i>(Whole percentages only)</i>	INVESTMENT CODE
Cash	%	ASMTCAxAC
Conservative	%	ASMTcMMCON
Balanced	%	ASMTcMMBAL
High Growth	%	ASMTcMMHG
<b>Total Contributions</b>	<b>Total 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 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

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