



**State Sector Retirement Savings Scheme
SWITCHING INVESTMENT PORTFOLIOS**

STEP 1: FILL IN YOUR CONTACT DETAILS

Plan number	SZ13T00017	Member number	
Name(s)			
Daytime ph		Mobile ph	
Email address			
Postal address			
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 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



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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 (Whole percentages only)	Investment Code
Cash	%	ASMTCAXAC
Conservative	%	ASMTCMMCON
Balanced	%	ASMTCMMBAL
High Growth	%	ASMTCMMHG
TOTAL CONTRIBUTIONS	Total 100%	

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

Investment Portfolio Name	How my future balance will be invested (Whole percentages only)	Investment Code
Cash	%	ASMTCAXAC
Conservative	%	ASMTCMMCON
Balanced	%	ASMTCMMBAL
High Growth	%	ASMTCMMHG
TOTAL CONTRIBUTIONS	Total 100%	

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