



# Westpac KiwiSaver Scheme Switch Form

May 2016



BT Funds Management (NZ) Limited is the scheme provider and Westpac New Zealand Limited is the distributor of the Westpac KiwiSaver Scheme.

This form allows you to choose a different investment option for your existing investments and / or future contributions.

## A. Your Details

Mr  Mrs  Miss  Ms  Other (please specify)

Name FIRST MIDDLE LAST

IRD number  Westpac KiwiSaver Scheme member number **K S**

Postal Address NUMBER & STREET SUBURB

TOWN/CITY POSTCODE

Phone HOME MOBILE

Email

Prescribed Investor Rate (PIR\*)  10.5%  17.5%  28% \*Refer to Inland Revenue (ird.govt.nz) to determine your PIR.

## B. Your New Investment Option

For a detailed description of the funds listed below, see the Product Disclosure Statement available on our website at westpac.co.nz or call us on the number below for a copy. You can also see the Westpac KiwiSaver Scheme investment page options page on our website. Please indicate how you would like your existing investments and future contributions allocated.

Investment Options	Switch my existing investments	Switch my future contributions
Cash Fund	%	%
Default Fund	%	%
Conservative Fund	%	%
Moderate Fund	%	%
Balanced Fund	%	%
Growth Fund	%	%
<b>Total (Must add to 100%)</b>	<b>100%</b>	<b>100%</b>

Where the percentage allocation does not add to 100% the remaining portion to be switched will be allocated to the Conservative Fund.

## C. CPP Funds

Do you have any investments in CPP Funds?

**No**  go to section D

**Yes**  please complete the following before completing the rest of this form.

For the purposes of this switch, I would like my existing investments to:

**Exclude** all my investments in CPP Funds

**Include** all my investments in CPP Funds\*

\*If you switch your investment from a CPP Fund(s) you will not receive the benefit of any capital protection.

If you wish to switch your investments from some but not all CPP Funds you will need to contact the Manager on **0508 972 254**.

## D. Authorisation

Member Signature

Date DD / MM / YYYY

Note: A parent or guardian must sign on behalf of a member under the age of 18 years. If this form is being completed on behalf of a member under the age of 18 years, or by a Power of Attorney, that person must sign the below. An Attorney signing on behalf of the member must complete a certificate of non-revocation of Power of Attorney.

I NAME

confirm that I am authorised to sign this form on behalf of the member named.

Your Signature

Date DD / MM / YYYY

Please call us on **0508 972 254** between **8.30am and 5.30pm**, Monday to Friday if you need any help completing this form.

Please return the completed form to: **The Westpac KiwiSaver Scheme, PO Box 695, Wellington 6140.**