



Member Number

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Scheme Name/Employer Name

> 1. Member Details: This information will be treated in the strictest confidence.

1 Surname

6 Mobile Fax

2 First Names

7 Email Address

3 Title Other
 Mr Mrs Miss Ms

8 Member IRD Number Prescribed Investor Rate (PIR)
 19.5% 30%

4 Home Address

Note: If you have already provided us with your IRD number and PIR, please ignore this section. If your PIR has changed please tick the correct PIR.

If you haven't given us your IRD number and PIR, we will apply a tax rate of 30% to any taxable income applicable to you for the applicable tax year.

5 Telephone Home Work

> 2. Change to Future Investment Strategy and/or Existing Funds

Please note, not all Investment Funds are available to all Members. Details of the Investment Funds available to you are outlined in the current Supplemental Investment Statement relevant to your membership of the ASB Superannuation Master Trust, a copy of which can be obtained from your Employer or by calling 0800 ASB RETIRE (0800 272 738) during normal business hours, or by emailing retire@asb.co.nz.

Please complete both columns (i.e. **Future** Contributions and **Existing** Account Balances). If you do not wish to make changes to any of the columns, please write 'No change' in the respective column.

	FUTURE Contributions		EXISTING Account Balances	
	Change Investment Strategy for Future Contributions to the following Investment Fund(s) (Percentage)		Change the Investment of the existing Fund(s)	
			Investment Fund to transfer from: (Amount)*	Investment Fund to credit to: (Amount)*
DIVERSIFIED INVESTMENT FUNDS				
ASB Conservative Fund	%	\$	\$	
ASB Balanced Fund	%	\$	\$	
ASB Growth Fund	%	\$	\$	
SINGLE SECTOR INVESTMENT FUNDS				
ASB NZ Cash Fund	%	\$	\$	
ASB NZ Fixed Interest Fund	%	\$	\$	
ASB World Fixed Interest Fund	%	\$	\$	
ASB Global Property Shares Fund	%	\$	\$	
ASB Australasian Shares Fund	%	\$	\$	
ASB World Shares Fund	%	\$	\$	
TOTAL	100%	\$	\$	

* If all funds in an Investment Fund are to be transferred, please write 'Total Amount' in the Amount column.

Please note: the Manager may adjust the switch or redirection transaction for the tax liability arising as a result of your investment switch or redirection request.

> 3. Authorisation and Signature

- > I hereby confirm that the above information is correct and that the Trustees are authorised to amend my membership records to reflect the changes indicated above.
- > I have made the requests outlined above of my own volition.
- > I understand that any change requested will be implemented by ASB Group Investments Limited as soon as practicable after receipt of this completed form.

Member's Signature

Date

Day	Month	Year					