

This form enables you to change the funds you're invested in. If you are unsure which fund to choose, check out our helpful tool at asb.co.nz/kiwisaver-fund that makes choosing a fund easy.

1. Personal details

Title

Mr	Mrs	Miss	Ms	Mx	Dr	Other
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First names

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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(Please reconfirm for security purposes)

If you're aged 15 years and younger we require your parent or other legal guardian to authorise the request to change your fund in section 5.

Home address

Number and street
Suburb
City
Postcode
Country

ASB KiwiSaver Scheme member number (if known)

A	S	B	K	S							
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Telephone home

Work

Mobile

Fax

Email

Postal address (if different from home address)

Number and details
Suburb
City
Postcode
Country

2. Tax details

IRD number

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Prescribed Investor Rate (PIR) (please tick one):

10.5%
 17.5%
 28%

Refer to asb.co.nz/pir to calculate your PIR.

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 28% to any taxable income applicable to you for the relevant tax year.

3. Your fund selection

Please select one fund below.

NZ Cash Fund
 Conservative Fund
 Moderate Fund
 Balanced Fund
 Growth Fund
 Positive Impact Fund

For more information about the funds refer to the current ASB KiwiSaver Scheme Product Disclosure Statement available at asb.co.nz/kiwisaver

4. Privacy authorisation

The personal information provided by me when I complete this form will be held by the Manager of the ASB KiwiSaver Scheme, ASB Group Investments Limited, PO Box 35, Shortland Street, Auckland 1140.

This information may be disclosed to, and held by, the following:

- the Supervisor of the ASB KiwiSaver Scheme;
- the advisers of the ASB KiwiSaver Scheme;
- related companies of the Manager, whether incorporated or constituted in New Zealand or elsewhere;
- my personal financial adviser (if relevant);
- Inland Revenue; and
- the Financial Markets Authority.

This and any other personal information obtained will be used for purposes relating to:

- the administration, marketing, operation and management of the ASB KiwiSaver Scheme and/or other products I may have with the Manager or its related companies;
- the payment of withdrawals to me;
- statistical purposes;
- keeping me informed about other financial opportunities, products or services offered by the Manager or its related companies (including via email); and
- customer surveys and research carried out by research and direct marketing companies employed by the Manager or its related companies.

I grant express consent for the Manager to disclose my information to its related companies, whether incorporated or constituted in New Zealand or elsewhere.

I understand that:

- if I do not want to receive promotional material from the Manager or its related companies at any time, I can tell the Manager and the promotional material will not be sent.
- I have rights of access to, and correction of, the personal information I supply.

5. Authorisation and signature

Please print this form and sign below.

- I understand that the capital value of this investment can rise or fall depending on market conditions. I may therefore receive back less than I invested.
- I acknowledge that making a fund selection is my responsibility, and that neither the Manager nor the Supervisor is to be regarded as representing or implying that my fund selection is appropriate for my personal circumstances; and my choice of a fund selection will be a binding direction from me to the Manager.
- I understand that any change requested will be implemented by the Manager as soon as practicable after receipt of this completed form.
- I have received the current ASB KiwiSaver Scheme Product Disclosure Statement.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
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If you're aged 15 years and younger, your parent or other legal guardian must confirm the following statement and sign below:

I/We

confirm that I am/we are the parent/legal guardian(s) of the member named in section 1 and agree to the acknowledgments in Sections 4 and 5 on behalf of the member.

Signature of parent/legal guardian

Date

D	D	M	M	Y	Y	Y	Y
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Signature of parent/legal guardian

Date

D	D	M	M	Y	Y	Y	Y
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Please return this completed form to:

ASB KiwiSaver Scheme, FreePost Authority ASB, PO Box 35, Shortland Street, Auckland 1140.

For assistance, please call **0800 ASB RETIRE** (0800 272 738) or +64 9 306 3000 (if calling from overseas) or email retire@asb.co.nz

Interests in the ASB KiwiSaver Scheme (Scheme) are issued by ASB Group Investments Limited, a wholly owned subsidiary of ASB Bank Limited (ASB). ASB provides Scheme administration and distribution services. No person guarantees interests in the Scheme.

December 2020



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