

This form enables you to change the fund you're invested in. Before completing this form you should refer to the current ASB Superannuation Master Trust product disclosure statement for information about what changes you can make to your investments, the various fund options and the fees that may apply. You can find the ASB Superannuation Master Trust product disclosure statement on [asb.co.nz/smt](http://asb.co.nz/smt)

Member number

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Scheme name

### 1. Member details

Title  Other  Date of birth

Mr	Mrs	Miss	Ms	Mx	Dr														
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First names

Surname

Home address

Post code:

Telephone home  Work

Mobile  Fax

Email

IRD number

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

10.5%     17.5%     28%

Refer to [asb.co.nz/PIR](http://asb.co.nz/PIR) to calculate your PIR.

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

### 2. Your new fund choice

Please tell us what you would like to change. **CHOOSE ONE OPTION BELOW:**

I want to select **one** fund in which all of my ASB Superannuation Master Trust savings will be invested (existing savings and any future contributions).

[Please go to section 2A](#)

OR

I want to select **one** fund in which all my existing savings are invested and **another** fund for any future contributions.

[Please go to section 2B](#)

OR

I want to **split** my existing savings and any future contributions over more than one fund.

[Please go to section 2C](#)

#### Section 2A

Please select **one** fund below that both your existing savings and future contributions will be invested in.

<input type="radio"/> ASB NZ Cash Fund	<input type="radio"/> ASB Moderate Fund
<input type="radio"/> ASB Balanced Fund	<input type="radio"/> ASB Growth Fund

**Once you've made your fund selection, please read the Privacy Authorisation in section 3 before signing the Authorisation in section 4.**

#### Section 2B

Please tell us below the one fund you want your existing savings invested in and the other fund for your future contributions.

Which <b>one</b> fund do you want all of your <b>existing</b> savings invested in?	Which <b>one</b> fund do you want your <b>future</b> contributions invested in?
<input type="radio"/> ASB NZ Cash Fund	<input type="radio"/> ASB NZ Cash Fund
<input type="radio"/> ASB Moderate Fund	<input type="radio"/> ASB Moderate Fund
<input type="radio"/> ASB Balanced Fund	<input type="radio"/> ASB Balanced Fund
<input type="radio"/> ASB Growth Fund	<input type="radio"/> ASB Growth Fund
<input type="radio"/> Tick if you wish to retain your current fund(s) selection for your existing savings	

**Once you've made your fund selection, please read the Privacy Authorisation in section 3 before signing the Authorisation in section 4.**

## Section 2C

Please specify below how you want to split both your existing savings and future contributions.

Tick if you wish to retain your current fund(s) selection for your existing savings. Please only complete the future contributions column.

ASB Superannuation Master Trust funds	Where do you want your <u>existing</u> savings invested?	Where do you want your <u>future</u> contributions invested?
ASB NZ Cash Fund	%	%
ASB Moderate Fund	%	%
ASB Balanced Fund	%	%
ASB Growth Fund	%	%
<b>Total (must add up to 100%)</b>	<b>100%</b>	<b>100%</b>

**Note:** If you are changing the funds for both your existing savings and future contributions, both columns must total 100%.

**Once you've made your fund selection, please read the Privacy Authorisation in section 3 before signing the Authorisation in section 4.**

### 3. Privacy authorisation

The personal information provided by me when I complete this form will be held by the Manager of the ASB Superannuation Master Trust, 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 Superannuation Master Trust;
- the advisers of the ASB Superannuation Master Trust;
- related companies of the Manager (whether incorporated or constituted in New Zealand or elsewhere);
- my personal financial adviser (if relevant); and
- Inland Revenue.

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

- the administration, marketing, operation and management of the ASB Superannuation Master Trust 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 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.

### 4. Authorisation and signature

- 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 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 Superannuation Master Trust product disclosure statement.
- I grant express consent for the Manager to disclose my information to its related companies whether incorporated or constituted in New Zealand or elsewhere.

Member's signature

Date

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

**Wealth and Insurance Operations, Freepost Authority ASB, PO Box 35, Shortland Street, Auckland 1140.**

Freephone **0800 ASB RETIRE** (0800 272 738) or +64 9 306 3000 (if calling from overseas) or email [ssrss@asb.co.nz](mailto:ssrss@asb.co.nz)

