

Appointment of Financial Adviser

If you would like help in completing this form, please email enquiries@fisherfunds.co.nz or phone us on **0508 FISHER (0508 347 437)**.

You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740** or email to enquiries@fisherfunds.co.nz.

Who should complete this form?

Please complete this form if you are an existing Fisher Funds investor and wish to appoint a current Financial Adviser.

Section 1 – Existing client details

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Prescribed Investor Rate (PIR) — <i>please tick one</i>	IRD number	Date of birth
<input type="radio"/> 10.5% <input type="radio"/> 17.5% <input type="radio"/> 28%	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

To work out your PIR, or for more information, visit fisherfunds.co.nz/pircalculator or call us on 0508 347 437.

Address

City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home phone	Business phone	Mobile
<input type="text"/> ()	<input type="text"/> ()	<input type="text"/> ()

Email address

Section 2 – Financial adviser details

Adviser name

Company name

Fisher Funds adviser code

FSP number

Statement of advice date

Address

City

Country

Postcode

Business phone

Mobile

Email address

Signature of financial adviser

Date

Section 3 – Client declaration

I/We

hereby authorise Fisher Funds to appoint the above Financial Adviser to advise on and service my following Fisher Funds investment/s:

- | | | |
|---|----------------|----------------------|
| <input type="radio"/> Fisher Funds KiwiSaver Scheme | Account number | <input type="text"/> |
| <input type="radio"/> Fisher Funds TWO KiwiSaver Scheme | Account number | <input type="text"/> |
| <input type="radio"/> Managed Funds/Investment Series | Account number | <input type="text"/> |
| <input type="radio"/> LifeSaver | Account number | <input type="text"/> |
| <input type="radio"/> FuturePlan | Account number | <input type="text"/> |

I/We also hereby authorise Fisher Funds to disclose any information in regard to the above investments to my Financial Adviser if requested.

I/We understand that my Financial Adviser is bound by the provisions of the Privacy Act 2020 in respect of all my/our dealings with them.

Signature of client/s

Date

Signature of client/s

Date