

# Third Party Access Request

If you would like help in completing this form, please email [enquiries@fisherfunds.co.nz](mailto:enquiries@fisherfunds.co.nz) or phone us on **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 KiwiSaver Plan, Private Bag 93502, Takapuna, Auckland 0622** or email to [enquiries@fisherfunds.co.nz](mailto:enquiries@fisherfunds.co.nz).

## Who should complete this form?

Please use this form to authorise a person (“*your nominee*”) to access your personal information held with Fisher Funds.

For the purposes of this form, ‘Personal Information’ includes any or all information held by Fisher Funds in respect of you and accounts held in your name(s).

Your nominee will not be able to make any changes nor gain online access to your account(s).

You can revoke this request at any time by contacting us; we will process your request within five business days.

**This form does not provide authority to release information to:**

- Persons under 18 years of age
- Financial Advisers who have already been appointed by a client using the Appointment of Financial Adviser form
- Trust, company or other entity accounts you are associated with that are held with Fisher Funds

## Section 1 – Your details

### Account owner

Title  First name(s)  Surname

Fisher Funds account number           IRD number

Address

City  Country  Postcode

Home phone  ( ) Business phone  ( ) Mobile  ( )

Email address

## Section 2 – Nominee’s details

Title  First name(s)  Surname

Nominee’s relationship to you

Address

City  Country  Postcode

Home phone  ( ) Business phone  ( ) Mobile  ( )

Email address

## Section 3 – Authorisation to share personal details

- I/we authorise Fisher Funds Wealth Limited to share my/our personal information with the person I have nominated in section 2 of this form.
- I/we understand this authority does not authorise my nominee to make any changes to my/our personal information nor my/our investment(s) held with Fisher Funds.
- I/we understand I/we can revoke this consent at any time by notifying Fisher Funds Wealth Limited with five business days written notice.

Name  Signature  Date  / /

Name  Signature  Date  / /