

Fisher Funds LifeSaver Plan Employer Authorised Signatories

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, New Zealand** or email to **lifesaver@fisherfunds.co.nz**.

Please complete the details of all persons currently authorised to sign documents relating to your Employer Scheme.

Section 1 – Company details

Company/Employer name

Plan number

Section 2 – Authorised signatories

Name

Position

Email address

Phone number

Signature

Date

Name

Position

Email address

Phone number

Signature

Date

Name

Position

Email address

Phone number

Signature

Date

Section 2 — Authorised signatories (continued)

Name

Position

Email address

Phone number

Signature

Date

Name

Position

Email address

Phone number

Signature

Date