



Milford KiwiSaver Plan Inter-Fund Switch Form

Before completing this form you should refer to the latest Milford KiwiSaver Plan Product Disclosure Statement for details about the investment options. Please send this form to: Milford KiwiSaver Plan, PO Box 960, Shortland Street, Auckland 1140 or via email on info@milfordasset.com.

Please note form must be received by 3pm to receive that day's unit pricing, forms received after this time will receive the following business day's unit price.

Member Details

TITLE	GIVEN NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	IRD NUMBER	DATE OF BIRTH
<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
EMAIL	CONTACT PHONE NUMBER	
<input type="text"/>	<input type="text"/>	
PHYSICAL ADDRESS (cannot be a PO Box)	POSTCODE	
<input type="text"/>	<input type="text"/>	
POSTAL ADDRESS (if different from your residential address)	POSTCODE	
<input type="text"/>	<input type="text"/>	

Changing Your Investment Options

Please make the following changes to my KiwiSaver investment strategy for all current and future contributions.

Milford KiwiSaver Funds	Milford KiwiSaver Allocation
Milford KiwiSaver Active Growth Fund	%
Milford KiwiSaver Balanced Fund	%
Milford KiwiSaver Conservative Fund	%
The total must equal 100%	100%

Milford KiwiSaver Plan Inter-Fund Switch Form (continued)

Authorisation

I understand that any change requested will be implemented as soon as practicable after receipt of this completed form. I understand that choosing an Investment strategy is solely my responsibility and neither Milford Funds Limited nor the Trustees of the Plan is to be regarded as representing or implying that any particular investment strategy is appropriate for my personal circumstances. I acknowledge that I have made this request of my own volition. I acknowledge that my choice of an investment strategy is a binding direction from me to the Trustee of the Scheme for the Trustee Act 1956 purposes. I acknowledge that none of my employer, Milford Funds Limited, the Trustee, the Crown or any other person guarantees the performance of the investment fund or funds selected. I have read the current Product Disclosure Statement for the Milford KiwiSaver Plan, available at www.milfordasset.com. I understand my rights, benefits and obligations as a KiwiSaver Plan member, that the Plan is a vehicle for long-term investment and that the value of my investment is liable to fluctuations and may rise and fall from time to time.

SIGNATURE*

DATE

SIGNATURE (if required)

DATE

* For a member below 16 years old this form must be signed not by the member but by the legal guardians of the member. Members aged 16 to 18, one legal guardian and the member must counter sign this form.