

SIL Employer Scheme

Additional Lump Sum Contribution Form



You can email this form and all required supporting documents to registry@anzinvestments.co.nz. Alternatively, you can take them to any **ANZ branch**, or post them to **ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland, 1142**.

1. Your information

First name(s)				Surname			
IRD number	<input type="text"/>	<input type="text"/>	<input type="text"/>	(please call Inland Revenue on 0800 775 247 for help)			
Investor number	<input type="text"/>						
Prescribed investor rate	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 28%	(see silfunds.co.nz/updatepir for help)			

2. Contribution

Total contribution amount \$

Please invest as per my existing investment selection. (if you select this option, you don't need to complete the investment selection details below)

OR

Please invest my additional lump sum contribution as indicated below.

SIL Employer Conservative Fund	\$ <input type="text"/>	or	<input type="text"/>	0 %
SIL Employer Conservative Balanced Fund	\$ <input type="text"/>	or	<input type="text"/>	0 %
SIL Employer Balanced Fund	\$ <input type="text"/>	or	<input type="text"/>	0 %
SIL Employer Balanced Growth Fund	\$ <input type="text"/>	or	<input type="text"/>	0 %
SIL Employer Growth Fund	\$ <input type="text"/>	or	<input type="text"/>	0 %
SIL Employer Cash Fund	\$ <input type="text"/>	or	<input type="text"/>	0 %

For details of this investment, contact your adviser or call ANZ Investments on 0800 736 034.

We aim to process contributions and show them in your SIL Employer Scheme account in ANZ Internet Banking and goMoney within 5 business days if you give us all the information we need. If we have to ask for more information, this may cause delays in the processing of your contribution.

The time it takes us to process a transaction on your behalf (for example, a payment into a fund, a switch or a withdrawal) means the unit price you receive may vary from the price when you requested the transaction.

3. Payment details

Bank account name: SIL Employer Clearing Account

Bank and branch: ANZ – Cnr Queen and Victoria Streets

Bank account number: 01-1839-0004431-00

Make sure you include your investor number, or IRD number, surname and initials in the reference fields.

If your payment is from a third party, please confirm the relationship between you and the third party (e.g. mother, father, employer):

4. Your agreement

By signing this form, I agree to contribute to my investment as above. If this declaration is signed under Power of Attorney, the Attorney confirms that he/she hasn't received notice of revocation of that power. Attorneys must provide a certified copy of their Power of Attorney.

If applicable, I have personally affixed my digital signature to this document.

Signature

Date

ADVISER USE ONLY

Adviser name	<input type="text"/>
Distributor company name	<input type="text"/>

FSP number	<input type="text"/>
Distributor (agency) code	<input type="text"/>