

# SIL Mutual Scheme

## Switch Request Form



You can email this form and all required supporting documents to [registry@anzinvestments.co.nz](mailto: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
Contact number	Email
IRD number	(please call Inland Revenue on 0800 775 247 for help)
ANZ customer (or investor) number	
Prescribed investor rate	(see <a href="http://silfunds.co.nz/updatepir">silfunds.co.nz/updatepir</a> for help)

### 2. Switching your existing investment

- Switch my current savings to another Fund(s) (complete column A)
- Switch my future contributions to another Fund(s) (complete column B)
- Switch both my current savings and future contributions to another Fund(s) (complete columns A and B)

	A. Switch your current savings to the following Fund(s):		B. Switch your future contributions to the following Fund(s):	
SIL Balanced Plus Fund	%	or \$	%	
SIL New Zealand Fixed Interest Fund	%	or \$	%	
SIL New Zealand Share Fund	%	or \$	%	
SIL International Share Fund	%	or \$	%	
SIL Cash Plus Fund	%	or \$	%	
<b>Total</b>	<b>100%</b>	<b>or \$</b>	<b>100%</b>	

We aim to process your switch and show it in your SIL Mutual 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 application.

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. Your agreement

I request to switch my investment as indicated 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
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### 4. Privacy

You agree we can collect, use and disclose your information to process your application in accordance with our Privacy Statement, which is the same as ANZ Bank New Zealand Limited's and can be found at [anz.co.nz/privacy](http://anz.co.nz/privacy). If you prefer a print version, it is available to download as a PDF or from any branch.

We take your privacy seriously, and understand the need to keep your information confidential and secure. You can access or correct your personal information by calling 0800 736 034 or asking at any ANZ branch. We may charge you a fee to access the information we have about you.

#### ADVISER USE ONLY

Adviser name	FSP number
Distributor company name	Distributor (agency) code