

Switch Form

TOWER KiwiSaver Scheme



You may switch your TOWER KiwiSaver Scheme balance between any investment fund(s) and/or redirect your future contributions to any investment fund(s) at any time. For details on investment choices visit www.tower.co.nz/kiwisaver, review your investment statement, or contact TOWER on 0800 808 808.

1. Personal details

TITLE _____ FIRST NAME(S) _____

SURNAME _____

ADDRESS _____

DATE OF BIRTH _____

IRD NO

PRESCRIBED INVESTOR RATE (PIR) 12.5% or 21% or 30%

Go to www.tower.co.nz/pircalculator or call 0800 808 808 to work out your PIR

TELEPHONE (WORK) [] _____ TELEPHONE (HOME) [] _____

TELEPHONE (MOBILE) [] _____

EMAIL ADDRESS _____

2. Redirection of contributions

SWITCH TO	REQUIRED ALLOCATION
TOWER KIWISAVER PRESERVATION FUND	%
TOWER KIWISAVER CONSERVATIVE FUND	%
TOWER KIWISAVER BALANCED FUND	%
TOWER KIWISAVER GROWTH FUND	%
TOWER KIWISAVER EQUITY FUND	%
TOTAL (MUST ADD UP TO 100%):	%

Please show the percentages in whole numbers and ensure that this totals 100%

3. Switch of investment funds

SWITCH TO	REQUIRED ALLOCATION
TOWER KIWISAVER PRESERVATION FUND	%
TOWER KIWISAVER CONSERVATIVE FUND	%
TOWER KIWISAVER BALANCED FUND	%
TOWER KIWISAVER GROWTH FUND	%
TOWER KIWISAVER EQUITY FUND	%
TOTAL (MUST ADD UP TO 100%):	%

Please show the percentages in whole numbers and ensure that this totals 100%

4. Authorisation

I hereby authorise TOWER Employee Benefits Limited to redirect contributions and/or transfer my funds in accordance with my instructions on this form.

It is a legal requirement that identification is verified for you. Where identity has not been previously verified to TOWER Employee Benefits Limited (either by employer verification or by the provision of a copy of passport or driver's licence or two other forms of identity) this will be required before the switch is accepted.*

SIGNATURE OF MEMBER _____	DATE _____
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* If verification of your identity has not previously been supplied, please provide a copy of your passport or driver's licence or two other forms of identity.

Please post this form and any additional identification required (see above) to: TOWER Employee Benefits Limited, Freepost 521, PO Box 11 647, Wellington 6142. Telephone 0800 808 808, facsimile (04) 381 0834, email: investments@tower.co.nz. For more information visit www.tower.co.nz/kiwisaver