

# QuayStreet KiwiSaver Scheme

## Investment Direction and Switch Funds Form

### WHERE TO SEND YOUR COMPLETED FORM

Please either deliver your completed form to the nearest Craigs Investment Partners branch, or post it to:

QuayStreet Client Services  
PO Box 13155, Tauranga 3141.

Phone: 0800 782 900  
Email: [clientservices@quaystreet.com](mailto:clientservices@quaystreet.com)

## A Your Details

### Scheme Account Number

\_\_\_\_\_

### Title *please select one*

Mr  Mrs  Miss  Ms  Dr  Other \_\_\_\_\_

### Full Name *first, middle and last name*

\_\_\_\_\_

### Mailing Address

\_\_\_\_\_

Post code | | | | |

Home Ph \_\_\_\_\_  Mobile \_\_\_\_\_

Work Ph \_\_\_\_\_

Email \_\_\_\_\_

### Prescribed Investor Rate (PIR)

*select one option only*

10.5%  17.5%  28%

IRD Number | | | | | | | | | |

## B Investment Direction

Please suspend current contributions as detailed below:

Suspend contributions to ALL QuayStreet Funds I/we currently invest in.

OR

Suspend contributions to the following QuayStreet Funds

QuayStreet Fixed Interest Fund

QuayStreet Growth Fund

QuayStreet Income Fund

QuayStreet New Zealand Equity Fund

QuayStreet Conservative Fund

QuayStreet Australian Equity Fund

QuayStreet Balanced Fund

QuayStreet International Equity Fund

QuayStreet Socially Responsible Investment Fund

QuayStreet Altum Fund

**Please invest all future contributions as below:**

Please indicate a value for direct contributions or a percentage for contributions received direct from Inland Revenue

QuayStreet Funds	Value	
QuayStreet Fixed Interest Fund	\$ _____	OR % _____
QuayStreet Income Fund	\$ _____	OR % _____
QuayStreet Conservative Fund	\$ _____	OR % _____
QuayStreet Balanced Fund	\$ _____	OR % _____
QuayStreet Socially Responsible Investment Fund	\$ _____	OR % _____
QuayStreet Growth Fund	\$ _____	OR % _____
QuayStreet New Zealand Equity Fund	\$ _____	OR % _____
QuayStreet Australian Equity Fund	\$ _____	OR % _____
QuayStreet International Equity Fund	\$ _____	OR % _____
QuayStreet Altum Fund	\$ _____	OR % _____

Please indicate if you would like to transfer your entire balance from/to a fund by writing "ALL" in the applicable box.

**C Switch Funds Request**

Please transfer the following amount(s) to the following QuayStreet Funds:

Please indicate \$ amount or number of units to be transferred

QuayStreet Funds	Transfer from	Transfer to
QuayStreet Fixed Interest Fund	<input type="checkbox"/>	<input type="checkbox"/>
QuayStreet Income Fund	<input type="checkbox"/>	<input type="checkbox"/>
QuayStreet Conservative Fund	<input type="checkbox"/>	<input type="checkbox"/>
QuayStreet Balanced Fund	<input type="checkbox"/>	<input type="checkbox"/>
QuayStreet Socially Responsible Investment Fund	<input type="checkbox"/>	<input type="checkbox"/>
QuayStreet Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>
QuayStreet New Zealand Equity Fund	<input type="checkbox"/>	<input type="checkbox"/>
QuayStreet Australian Equity Fund	<input type="checkbox"/>	<input type="checkbox"/>
QuayStreet International Equity Fund	<input type="checkbox"/>	<input type="checkbox"/>
QuayStreet Altum Fund	<input type="checkbox"/>	<input type="checkbox"/>

**D Signature of Authorised Person(s):**

I/we acknowledge that I/we have read and understood the latest QuayStreet KiwiSaver Scheme Product Disclosure Statement

Full Name *first, middle and last name*

Capacity

Signature

Date | D | D | M | M | Y | Y | Y | Y |

Full Name *first, middle and last name*

Capacity

Signature

Date | D | D | M | M | Y | Y | Y | Y |

**CAPACITY**

Please enter the 'Capacity' in which you are signing this Application Form i.e. Self; Attorney for the Client; Parent or Guardian for a Minor.