

# Change Investment Options Form

## About this form

This form is for existing Pie KiwiSaver Scheme investors only. Before completing this form you should refer to the latest Product Disclosure Statement for the Scheme to see what changes you can make to your investments and for details about the investment options and the fees that may apply.

If you are unsure about choosing a fund type, you can complete our investor questionnaire to help you work out what type of investor you are and suggest an investment fund that might suit your needs. You can find the investor questionnaire on our website at [www.piefunds.co.nz/Invest#step1](http://www.piefunds.co.nz/Invest#step1)

For help completing this form, **0800 586 657**. Once complete, please email an electronic copy to: [kiwisaver@piefunds.co.nz](mailto:kiwisaver@piefunds.co.nz).

## Investor details

Title	First name/s	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Physical address	
<input type="text"/>	<input type="text"/>	
Postal address	City	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Proof of address

Please provide proof of your physical address (not a PO Box) by sending us a certified copy of an invoice, statement, letter or contract in your name, dated within the last 12 months, from one of the following sources:

- utility providers e.g. water, electricity, gas, telecommunications
- professional service providers e.g. lawyer, accountant
- major service providers e.g. Sky TV, internet provider, newspaper, insurance

## Investment change details

### Current fund

Growth  Balanced  Conservative

### New fund

Growth  Balanced  Conservative

## Declaration

I hereby request the Pie KiwiSaver Scheme to direct future investments and/or transfer my current investments in accordance with my instructions in this form and declare that:

- I am authorised to make investment decisions for this account
- I have read the current Pie KiwiSaver Scheme Product Disclosure Statement
- I understand that any change requested will be implemented as soon as practicable after receipt of this request
- I understand that the value of my investments upon withdrawal from any fund, and investment or reinvestment into any fund will be based on the unit price which applies when the transaction is processed and that any fees, taxes and expenses may be deducted from my account.

Signature 1

Date

For a member aged below 16, this form must be signed not by the member but by a legal guardian of the member. Members aged 16 or over may exercise membership-related discretions themselves.