

Section 1: Please Complete this Section for all Instructions

I/We _____
of _____
Unit Holder Name(s)
Address
Phone: _____
(Please supply a phone number in case we need to contact you about your request)

Being Unit Holder Number: (enter name of fund)

hereby request the following alteration to my/our investment in accordance with the provisions in the Trust Deed.

Dated this _____ Day of _____ 20 _____

Signed: _____

*In the case of joint unit holders, ALL must sign.
Companies must sign in accordance with the Companies Act 1993 and the company's constitution*

Section 2: Please Complete This Section for a Withdrawal of Units

I/We wish to withdraw units as follows:

All Units

Specified Number of Units: PAID IN NZ\$ _____

Units to the Value of: \$ _____

Please pay my/our withdrawal proceeds into the following bank account:

BANK	BRANCH
ACCOUNT NAME	BANK
BRANCH NUMBER	ACCOUNT NUMBER
SUFFIX	

Repayment will be made to your nominated account within 5 working days of the receipt of your request and will be confirmed in writing.