

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										
<input type="text"/>			<input type="text"/>										
ACCOUNT NAME			BANK		BRANCH NUMBER			ACCOUNT NUMBER				SUFFIX	
<input type="text"/>			<input type="text"/>		<input type="text"/>			<input type="text"/>				<input type="text"/>	

I/We wish to cancel our the regular monthly investment for the Unit Holding specified in Section 1