

# SIL Employer Scheme

## Switch Request Form



The fastest way to provide us your form and supporting documents is to email them to [registry@anzinvestments.co.nz](mailto:registry@anzinvestments.co.nz). Alternatively you can post them to ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142 or drop them into an ANZ branch.

### 1. Your information

First name(s)	Surname
Contact number	Email
IRD number	(please call Inland Revenue on 0800 775 247 for help)
ANZ customer (or investor) number	
Prescribed investor rate	(see <a href="http://silfunds.co.nz/updatepir">silfunds.co.nz/updatepir</a> for help)

### 2. Switching your existing investment

- ☐ Switch my current savings to another Fund(s) (complete column A)
- ☐ Switch my future contributions to another Fund(s) (complete column B)
- ☐ Switch both my current savings and future contributions to another Fund(s) (complete columns A and B)

	A. Switch your current balance to the following Fund(s):	B. Switch your future contributions to the following Fund(s):
SIL Employer Conservative Fund	% or \$	%
SIL Employer Conservative Balanced Fund	% or \$	%
SIL Employer Balanced Fund	% or \$	%
SIL Employer Balanced Growth Fund	% or \$	%
SIL Employer Growth Fund	% or \$	%
SIL Employer Cash Fund	% or \$	%
Total	100% or \$	100%

### 3. How long will it take

Once we've received your form, we aim to action your request and show it in ANZ goMoney and Internet Banking within 5 business days. It may take longer if there are public holidays, or we need to ask you for additional information.

The time it takes us to process a transaction on your behalf (for example, a payment into a fund, a switch or a withdrawal) means the unit price you receive may vary from the price when you requested the transaction.

### 4. Your agreement

I request to switch my investment as indicated above. If this declaration is signed under Power of Attorney, the Attorney confirms that he/she hasn't received notice of revocation of that power. Attorneys must provide a certified copy of their Power of Attorney.

If applicable, I have personally affixed my digital signature to this document.

Signature	Date
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### 5. Privacy

You agree we can collect, use and disclose your information to process your application in accordance with our Privacy Statement, which is the same as ANZ Bank New Zealand Limited's and can be found at [anz.co.nz/privacy](http://anz.co.nz/privacy). If you prefer a print version, it is available to download as a PDF or from any branch.

We take your privacy seriously, and understand the need to keep your information confidential and secure. You can access or correct your personal information by calling 0800 736 034 or asking at any ANZ branch. We may charge you a fee to access the information we have about you.

#### ADVISER USE ONLY

Adviser name	FSP number
Distributor company name	Distributor (agency) code