

1. Personal Details - This information will be treated in the strictest confidence

Title Mr Mrs Miss Ms Other FirstChoice KiwiSaver Scheme Member Number F I R S T

First Names Home Phone Number Work Phone Number

Surname Mobile Number Fax Number

Date of Birth (please reconfirm for security purposes) Email Address (optional)

Day Month Year

Home Address

Street

Suburb City

Country Postcode

Postal Address (if different from Home Address)

Street

Suburb City

Country Postcode

2. Tax Details

IRD Number

Prescribed Investor Rate (PIR): 12.5% 21% OR 30%

(refer to the FirstChoice KiwiSaver Scheme Investment Statement or www.firstchoiceinvestments.co.nz)

3. Additional Investment Application

I wish to invest the following amount in the FirstChoice KiwiSaver Scheme. \$ (attach cheque made payable to ASB Group Investments Limited) into my account

Please tick one

In accordance with my existing Investment Strategy

OR

As indicated below

| Investment Funds | |
|----------------------------|-----------|
| NZ Cash Fund | \$ |
| Tracker Conservative Fund | \$ |
| Tracker Moderate Fund | \$ |
| Tracker Balanced Fund | \$ |
| Tracker Growth Fund | \$ |
| Active Conservative Fund | \$ |
| Active Balanced Fund | \$ |
| Active Growth Fund | \$ |
| Active High Growth Fund | \$ |
| Global Sustainability Fund | \$ |
| TOTAL | \$ |

Details of the Investment Funds available to you are outlined in the current Investment Statement for the FirstChoice KiwiSaver Scheme, a copy of which can be obtained from www.firstchoiceinvestments.co.nz, by calling **0800 1ST CHOICE (0800 178 246)** or at firstchoice@asb.co.nz.

I understand that the above choice of Investment Funds may affect my existing Investment Strategy.



4. Privacy Authorisation

The personal information provided by me when I complete the FirstChoice KiwiSaver Scheme Lump Sum Contribution form will be held by the Trustee, Public Trust, Level 10, 141 Willis Street, Wellington, and/or the Manager of the FirstChoice KiwiSaver Scheme, ASB Group Investments Limited, 135 Albert Street, Auckland.

This information may be disclosed to, and held by, the following:

- the Manager or the Trustee of the FirstChoice KiwiSaver Scheme;
- the advisers of the FirstChoice KiwiSaver Scheme and other members of the ASB Group of Companies;
- my personal financial adviser (if relevant); and
- Inland Revenue (for purposes of administering the Portfolio Investment Entity (or PIE) regime).

This and any other personal information obtained will be used for purposes relating to:

- the administration, marketing, operation and management of the FirstChoice KiwiSaver Scheme and/or other products I may have with other members of the ASB Group of Companies;
- the payment of withdrawals to me;
- statistical purposes;
- unless I request otherwise, keeping me informed about other financial opportunities, products or services offered by the ASB Group of Companies (including via e-mail if I provide an e-mail address);
- unless I request otherwise, customer surveys and research carried out by research and direct marketing companies employed by the ASB Group of Companies; and
- I grant express consent for the Manager to disclose my information to other companies within the ASB Group of Companies.

Optional (please tick if applicable)

- Please do not send me information about other financial opportunities, products or services offered by the ASB Group of Companies.
- Please do not ask any research or direct marketing company employed by the ASB Group of Companies to contact me for the purpose of undertaking customer surveys and research.

I have rights of access to, and correction of, the personal information I supply.

5. Authorisation and Signature

- I understand that the capital value of this investment can rise or fall depending on market conditions. I may therefore receive back less than I invested.
- I understand that my lump sum contribution will be invested as soon as practicable after receipt of this completed form.

Signature of Member:

Date

| | | | | | | | | | |
|-----|--|-------|--|--|------|--|--|--|--|
| | | | | | | | | | |
| Day | | Month | | | Year | | | | |

When you have completed and signed this Lump Sum Contribution form, please send it to:
FreePost Authority ASBGI, FirstChoice KiwiSaver Scheme, ASB Group Investments, Private Bag 93518, Takapuna, North Shore City 0740.