

Investment Alteration Request

Mr / Mrs / Ms / Miss	Last Name	
First Names		
Postal Address		
Date of Birth	IRD Nº	
Phone	Email*	
Work Location	Employee N	0.
*By providing my email address, I am consenting to receiving information about the Scheme (including the annual report) electronically. Should I not wish to receive such information electronically, or should my email address change, I undertake to advise the Scheme's administration manager (Mercer) whose contact details are shown below.		
I wish to reallocate my investme	nt balance and future contributions to	0:
Investment choice Please tick only on	e option	50% Cash Fund plus 50% Conservative Fund
100% Cash Fund	100% Balanced Fund	50% Conservative Fund plus 50% Balanced Fund
100% Conservative Fund	100% Growth Fund	50% Balanced Fund plus 50% Growth Fund
I acknowledge that:		
-		heme year (1 April to 31 March). My change will I Investment Alteration Request form is received
will incur a charge which will		ration will be free of charge but the second nt. (For details of the charge, refer to the Scheme ine, 0800 355 900.)
the total of my current account balances plus future contributions will be reallocated as indicated above.		
Please tick this box if you have	e more than one membership record.	
PLEASE SIGN AND DATE YO	OUR FORM HERE	
Signed		Date

PLEASE RETURN TO THE DAIRY INDUSTRY SUPERANNUATION SCHEME

C/- MERCER (N.Z.) LIMITED, PO BOX 1849, WELLINGTON 6140, NEW ZEALAND. TELEPHONE: 0800 355 900 FAX: 04 819 2699