

**FUTURE LIFESTYLE PLAN**

**Changing your Investment Portfolio**

Use this form to switch your existing investments to a different investment portfolio and/or change where your future contributions will be invested.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed and signed this form, please send it and any supporting documentation to the address above.

\*These fields must be completed      ^Complete if joint membership

**(a) Your personal details**

\*Plan number

\*Title

 Mr  Mrs  Ms  Miss  Dr  Other 

\*Date of birth

\*First names

\*Surname

\*IRD number

^Title

 Mr  Mrs  Ms  Miss  Dr  Other 

^Date of birth

^First names

^Surname

^IRD number

\*Name of Entity (for Trusts, partnerships or companies)

\*Postal address

<input type="text"/>	
<input type="text"/>	Postcode

\*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

\*Email

## (b) New investment instructions

Please make the following changes to the Investment Portfolios in which my total accounts and/or contributions are invested.

I confirm that these changes are consistent with the options available to me in the plan.

Please tick (you can tick more than one)

- A  Switch **only** my current balance to the Investment Portfolio(s) selected below.  
B  Invest **only** my future regular contributions in the Investment Portfolio(s) selected below.  
C  Switch **both** my current and future contributions in the Investment Portfolio(s) selected below.

and/or

- D  Invest a lump sum contribution in the Investment Portfolio(s) selected below.

Funds will be transferred from

e.g. ABC Fund or if investing a lump sum please indicate the source of Funds).

Investment options	% of total accounts
<b>Diversified Portfolios</b>	
Lifetime Conservative Fund	%
Lifetime Balanced Fund	%
Lifetime Growth Fund	%
<b>Sector Portfolios</b>	
Lifetime Cash Fund	%
<b>Total Contributions</b>	<b>100%</b>

## (c) Advice

\*Have you received financial advice in making this decision?

Yes  No

If yes, please ensure your Adviser completes Section (f).

**(d) Privacy**

The personal information you provide in this form (your information) will be collected and held in accordance with the Privacy Act 2020 by Retirement Income Group Limited and its subsidiaries (Retirement Income Group) who may use and disclose your information to any other party (including scheme supervisors, and regulatory or government agencies). Your information may be used and disclosed to administer and manage your investments, comply with any law applying to the Retirement Income Group or the products and services they provide to you, promote to you this or other products within the Retirement Income Group, or otherwise for any other reason in accordance with the Retirement Income Group's privacy statement which can be found at [www.lifetimeincome.co.nz/about-us/privacy/](http://www.lifetimeincome.co.nz/about-us/privacy/).

I agree that this information may be collected, held and disclosed for these purposes.

You can choose not to provide us with your information. However, if you do not provide us with your information, we may not be able to process this request. You can request access to view or correct your information. To do so, please contact the Retirement Income Group's Privacy Officer by emailing [retire@lifetimeincome.co.nz](mailto:retire@lifetimeincome.co.nz).

**(e) Members Agreement**

To: Lifetime Asset Management

1. I understand that if Lifetime accepts these investment instructions, they will be implemented as soon as possible after Lifetime has received them, and will apply until I advise Lifetime otherwise.
2. I acknowledge that any fees payable will be deducted from my account.
3. I acknowledge that tax will be calculated and debited (where appropriate).
4. I acknowledge that if for any reason Lifetime is not able to accept or process these investment instructions, Lifetime will contact me. Until such time as these investment instructions are accepted and processed by Lifetime, any contributions I make will be invested in accordance with the existing investment instructions.
5. I acknowledge that none of my employer, the Supervisor, or the Manager guarantee the performance of the investment funds selected.
6. I confirm that the above information is correct and I request that Lifetime update its records to reflect the changes specified in this form.

\*Member's signature

SIGN HERE

\*Date

D D M M Y Y Y Y

^Member's signature

SIGN HERE

^Date

D D M M Y Y Y Y

**(f) Adviser use only**

Adviser name

B L O C K L E T T E R S

Adviser code

Adviser's business name

I certify that I have completed the most recent training provided by Lifetime for this product, and have complied with the requirements of the Financial Markets Conduct Act 2019, and all other applicable laws.

Signature of Adviser

SIGN HERE

Date

D D M M Y Y Y Y