

WHERE TO SEND YOUR COMPLETED FORM

Please either deliver your completed form to the nearest Craigs Investment Partners branch, or post it to:

Craigs KiwiSaver Scheme Craigs Investment Partners Limited, Freepost 366, PO Box 13155, Tauranga 3141.

Phone: 0800 878 278 Email: clientservices@craigsip.com

Craigs KiwiSaver Scheme

Investment Direction and Switch Form

Contact Phone

Email

You are in control of your investments and as such this form provides you the ability to: change your investment direction going forward; and/or to sell down your current holdings and reinvest into different securities/funds. Form Checklist Please ensure you complete section A 'Your Details' before completing the relevant sections. Indicate below what sections you have completed. Section B. Investment Direction Section C. Sale and Reinvestment Request (Switch Request) Your Details Scheme Account Number Title please select one Ms Dr Mr Mrs Miss Other Full Name first, middle and last name Mailing Address Post code

CLIENT ACCOUNT N	NO.
INVESTMENT ADVIS	SER

craigsip.com

NZX X Firm

COMPLETE IF APPLICABLE

B	Investment	Direction
---	------------	-----------

В1	

PLEASE SUSPEND CURRENT CONTRIBUTIONS AS	DETAILED B	ELOW:
Suspend all contributions to my existing Investment Direction		
OR-		
Suspend contributions to the following securities/funds:		
Security/Fund Name	Code	Market

Please complete section B2 below.

You must complete this section if you have suspended your current Investment Direction in Section B1.

PLEASE INVEST ALL FUTURE CONTRIBUTIONS AS BELOW:

Please indicate a value for direct contributions or a percentage for contributions received direct from Inland Revenue.

Security/Fund Name	Code	Value	_ or	Percentage
		\$	_ or	%
		\$	or	%
		\$	or	%
		\$	_ or	%
		\$	or	%
		\$	_ or	%
		\$	_ or	%
		\$	_ or	%
	Total	\$	_	%

craigsip.com

NZX Firm

COMPLETE IF APPLICABLE



Sale and Reinvestment Request (Switch Request)



SALE OF SECURITIES/FUNDS

Sell all holdings

- /	6	7
-1	Le.	15

Please sell the following Securities/Funds:

Security/Fund Name	Code	Value	_ or _	Units
		\$	or _	
		\$	_ or _	
		\$	_ or _	
		\$	_ or _	
		\$	_ or _	
		\$	or _	
		\$	or _	
		\$	_ or _	
	Total	\$		

Please complete section C2 below.

You must complete this section if you have requested a sale of securities under section C1.



PURCHASE OF SECURITIES/FUNDS

Reinvest sale proceeds

Security/Fund Name	Code	Value	_ or	Percentage
		\$	_ or	%
	-	\$	_ or	%
		\$	_ or	%
	-	\$	_ or	%
	-	\$	or	%
	-	\$	_ or	%
	-	\$	_ or	%
	-	\$	_ or	%
	Total	\$		%

craigsip.com

NZX X Firm

Re	eason for change in investment direction and/or switch
	Portfolio diversification
	Under-performance of a security
	Private Wealth Research recommendation
	Rebalancing Portfolio please provide details below
	Currency exposure
	Country exposure
	Industry exposure
	Volatility management
	Change in personal circumstances please provide details below
	Other please provide details below
	I acknowledge that I have read and understood the latest Craigs KiwiSaver Schell Product Disclosure Statement Name first, middle and last name
Cap	pacity
Sigi	nature
	Date DID MIM YIYI
Full	Name first, middle and last name
Full	
—— Cap	Name first, middle and last name
Cap	Name first, middle and last name

craigsip.com

NZX X Firm

Capacity

Please enter the 'Capacity' in which you are signing this Application Form i.e. Self; Attorney for the Client; Parent or Guardian for a Minor.