

Investment Switch Form

Use this form if you would like to change how your savings are invested in the Booster KiwiSaver Scheme.

Before completing this form you should refer to the Booster KiwiSaver Scheme product disclosure statements available at www.booster.co.nz for information about the various investment options, the risks associated with these investment options, and the fees that may apply. Our website also has an Investor Profile Questionnaire which can help you to determine which type of investor you are and which investment fund(s) may be suitable for you based on your answers.

We recommend that you talk to your **financial adviser** before making any changes to your investments. If you do not have a financial adviser, let us know and we can put you in touch with one in your area. If you have any questions about completing this form, please talk to your financial adviser or call our **Customer Care Centre** on **0800 336 338**.

Once you have completed the form, email or post the form to your **financial adviser**, or post to Booster Investment Management Limited, Freepost 224954, PO Box 11 872, Wellington 6142, or email to kiwisaver@booster.co.nz

1. Personal Details

Member number		IRD number		Date of birth	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Title	First name(s)	Surname	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address					
<input type="text"/>					
Home phone		Work phone		Mobile phone	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Email					
<input type="text"/>					

2. My New Investment Instruction

Tell us how you would like your **balance** (money you already have in your Booster KiwiSaver Scheme account) and **future contributions** (money paid to your account in the future) to be invested.

Simply complete the columns below. You may invest in up to 5 funds. The minimum proportion you can allocate to any one fund is 10%. The percentages must be shown as whole numbers and each column must add up to 100%.

☐ Tick this box if you want to leave your balance where it is. If you tick this box, only complete the **Direct my future contributions** column below.

	Change my balance to:	Direct my future contributions to:
Multi-sector Funds		
Capital Guaranteed Fund	<input type="text"/> %	<input type="text"/> %
Default Saver Fund	<input type="text"/> %	<input type="text"/> %
Moderate Fund	<input type="text"/> %	<input type="text"/> %
Balanced Fund	<input type="text"/> %	<input type="text"/> %
Balanced Growth Fund	<input type="text"/> %	<input type="text"/> %
High Growth Fund	<input type="text"/> %	<input type="text"/> %
Socially Responsible Investment Funds		
Socially Responsible Investment Balanced Fund	<input type="text"/> %	<input type="text"/> %
Socially Responsible Investment Growth Fund	<input type="text"/> %	<input type="text"/> %
Asset Class Funds		
Asset Class Conservative Fund	<input type="text"/> %	<input type="text"/> %
Asset Class Growth Fund	<input type="text"/> %	<input type="text"/> %
Single-Sector and Specialty Funds		
Enhanced Income Fund	<input type="text"/> %	<input type="text"/> %
Trans-Tasman Share Fund	<input type="text"/> %	<input type="text"/> %
International Share Fund	<input type="text"/> %	<input type="text"/> %
Options Fund	<input type="text"/> %	<input type="text"/> %
Geared Growth Fund	<input type="text"/> %	<input type="text"/> %
Total (must equal 100%)	<input type="text"/> %	<input type="text"/> %

3. Acknowledgement

- i. I confirm that the above information is correct and I authorise Booster Investment Management Limited (Booster) to switch my current balance and/or redirect my future contributions as well as update my other details in accordance with my instructions on this form; and
- ii. I confirm that I have considered and read relevant product disclosure statement/s for the fund/s I have chosen prior to completing this form; and
- iii. I understand that any contributions I make will be invested in accordance with my existing investment instructions until such time as these new investment instructions are accepted and processed by Booster; and
- iv. I understand that I will receive confirmation of my investment switch by email or post once my request has been processed by Booster and that I should not assume that my request has been processed until such time as I receive confirmation; and
- v. I understand that once actioned these investment instructions will apply until I advise Booster otherwise; and
- vi. I understand that making an investment election is my responsibility and my choice may affect the fees I pay and the investment risks I am exposed to; and
- vii. I understand that tax will be calculated and debited (where appropriate) at my recorded PIR and that it is my responsibility to notify Booster of my correct PIR; and
- viii. In the event that the PIR is incorrect I agree to indemnify Booster against any liability that may arise as a result of any amount of unpaid tax and consequent penalties incurred or as a result of any amount of tax overpaid and I understand that I will not be able to receive a refund if I overpay PIE tax as a result of supplying an incorrect PIR; and
- ix. I understand that none of Booster, the Government (the Crown), Public Trust, or any director, board member or nominee of any of those entities, or any other person guarantees the Booster KiwiSaver Scheme's performance, returns or repayment of capital except in relation to the Capital Guaranteed Fund where Booster has provided a limited guarantee in relation to the unit price of the Fund. Details of the guarantee and its limitations can be found in the Booster KiwiSaver Scheme Multi-sector Funds Product Disclosure Statement.

Member's Signature

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Date

Day		Month		Year	

For members aged under 16, we require the signature of one parent or guardian below. For members aged 16 or 17, we require either the signature of the member or the signature of one parent or guardian below.

Name of parent/guardian

I,

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- i. am the parent/guardian of the member; and
- ii. I have read and agree to the above acknowledgements on behalf of the member; and
- iii. the instructions on this form have been confirmed, after consultation and agreement, with all parents or guardians of the member.

Signature of parent/guardian

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Date

Day		Month		Year	