

MAS KiwiSaver Scheme

Investment Strategy Change Request (Switch) Form



Please forward completed documents to:
masinvest@linkmarketservices.com

Or post to:

MAS Superannuation
FREEPOST 884
PO Box 91976
Victoria Street West, Auckland 1142

For assistance:

Phone 0800 800 627
Email info@mas.co.nz

i Important information

Requests to change your investment strategy must be received by us by 5pm on a business day in order to be processed based on the unit price(s) for that business day. Requests received by us after 5pm will be processed based on the next business day's unit price(s).

Any changes to how your future contributions are invested will be viewable in the Investor Portal once processed.

Any changes to how your current balance is invested will be viewable two business days after the change has been processed, but will be effective the day we receive your instructions (if received before 5pm).

If you are not currently registered for the Investor Portal, you can register at [masinvest.co.nz](https://www.masinvest.co.nz)

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

Before completing this form you should refer to the MAS KiwiSaver Scheme Product Disclosure Statement available at [mas.co.nz/kiwisaver](https://www.mas.co.nz/kiwisaver) for information about the various investment options, the risks associated with these investment options, and the fees that may apply. Our website also has a [Risk Profiler 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 MAS adviser before making any changes to your investments. If you have any questions about completing this form, please talk to your MAS adviser or call us on 0800 800 627.

Once you have completed and signed this form, email or post to the address at the top left.

1. Your information

Full name

Member number Date of birth

Postal Address

Phone number

Email

Prescribed investor rate (PIR) 10.5% 17.5% 28%

Please refer to [ird.govt.nz/pir](https://www.ird.govt.nz/pir) for more information on how to determine your PIR.

2. My New Investment Instructions

How I want my current balance invested

(If no change, leave blank)

Fund	% (must add to 100%)
Global Equities	%
Aggressive	%
Growth	%
Balanced	%
Moderate	%
Conservative	%
Cash	%

How I want my future contributions invested

(If no change, leave blank)

Fund	% (must add to 100%)
Global Equities	%
Aggressive	%
Growth	%
Balanced	%
Moderate	%
Conservative	%
Cash	%

3. Member acknowledgement

- i. I confirm that the information is correct and I authorise Medical Funds Management Limited as Manager of the MAS KiwiSaver Scheme and their agents, 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 read and understood the Product Disclosure Statement for the MAS KiwiSaver Scheme prior to completing this form; and
- iii. 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
- iv. 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; and
- v. I understand that I will receive confirmation of my investment switch by email or post once my request has been processed and that I should not assume that my request has been processed until such time as I receive confirmation; and
- vi. I understand that once actioned these investment instructions will apply until I advise otherwise; and
- vii. I understand that the Manager, its associated entities and agents do not guarantee the return of capital or the performance of the investment funds.

Member Signature

Date

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

I

- i. am the parent/guardian of the member; and
- i. I have read and agree to the above acknowledgements on behalf of the member.

Signature of parent/ guardian

Date

For assistance:
Phone **0800 800 627**
Email **info@mas.co.nz**

