

## INVESTMENT SWITCH REQUEST FORM

Complete and return form to Cook Islands National Superannuation Fund, PO Box 3076, Rarotonga, Cook Islands  
Or Email [enquiries@superfund.gov.ck](mailto:enquiries@superfund.gov.ck) **Please write in blue or black pen only**

Please read the Members Information Handbook and complete this form carefully. If you do not complete the form properly your Investment Direction will be recorded as being a 100% allocation to the CINSF Conservative Fund.

### 1. Your Information

|                     |                          |    |                          |                                       |                          |    |                          |    |                          |       |                |
|---------------------|--------------------------|----|--------------------------|---------------------------------------|--------------------------|----|--------------------------|----|--------------------------|-------|----------------|
| CINSF Member Number |                          |    |                          | (This is the same as your tax number) |                          |    |                          |    |                          |       |                |
| Title               | <input type="checkbox"/> | Mr | <input type="checkbox"/> | Mrs                                   | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Dr | <input type="checkbox"/> | Other | Please specify |
| First name(s)       |                          |    |                          |                                       |                          |    |                          |    |                          |       |                |
| Surname             |                          |    |                          |                                       |                          |    |                          |    |                          |       |                |
| Date of Birth       | dd                       | mm | yyyy                     |                                       |                          |    |                          |    |                          |       |                |
| Address Details     |                          |    |                          |                                       |                          |    |                          |    |                          |       |                |
|                     |                          |    |                          |                                       |                          |    |                          |    |                          |       |                |
| Phone Numbers       |                          |    |                          |                                       |                          |    |                          |    |                          |       |                |
| Email Address       |                          |    |                          |                                       |                          |    |                          |    |                          |       |                |

#### Please note the following:

- Changes to my CINSF Investment Fund selection will be recorded and processed 15 business days (or earlier if possible) after the month ended during which the switch request was received by the Fund Administrator. For example, if a switch request is received by the Fund Administrator on 14 August 2015, the switch request will be processed 15 business days after 31 August 2015, i.e. 21 September 2015.
- If you wish to select a combination of CINSF Investment Funds, the minimum amount you can select for any one CINSF Investment Fund is 5%.
- Your Account Balance may be invested differently to your Future Contributions.

### 2. Investment Election for your current Account Balance

Please indicate how much of your current Account Balance you would like to invest in the CINSF Investment Fund(s) of your choice by writing the percentage you want invested in each selected Fund (whole percentages only – no fractions please).

|   |             |
|---|-------------|
| CINSF Conservative Fund                       | %           |
| CINSF Balanced Fund                           | %           |
| CINSF Growth Fund                             | %           |
| <b>Total Percentage (must add up to 100%)</b> | <b>100%</b> |

### 3. Investment Election for all Future Contributions

Please indicate how you wish your future contributions to be invested in the CINSF Investment Fund(s) by writing the percentage you want invested in each selected Fund (whole percentages only – no fractions please).

|   |             |
|---|-------------|
| CINSF Conservative Fund                       | %           |
| CINSF Balanced Fund                           | %           |
| CINSF Growth Fund                             | %           |
| <b>Total Percentage (must add up to 100%)</b> | <b>100%</b> |

### 4. Member Declaration and Signature

I direct the Trustee to invest my Balance and/or future contributions as indicated on this form. I acknowledge that neither the Trustee nor the Administration Manager will be liable to me for any loss as a consequence of any such investment direction.

I understand that the capital value of my contributions / investment in the CINSF Investment Fund(s) can rise or fall depending on marketing conditions or the investment managers' investment decisions. It is therefore possible that I may receive less back than I have invested. I acknowledge that choosing my Investment Direction is solely my responsibility and neither the Board nor the Trustee is to be regarded as representing or implying that my Investment Direction is appropriate for my personal circumstances. My choice of Investment Direction is a binding direction from me to the Trustee.

**Member Signature:**

**Date:** dd / mm /yyyy

#### CINSF Office Use Only

|  |   |      |               |
|--|---|------|---------------|
| <input type="radio"/>  | Confirm member personal details are checked against tracker system are correct. |      |               |
| <input type="radio"/>  | Check Investment direction totals add to 100%.                                  |      |               |
| Received by:   |   | Date | dd / mm /yyyy |
| Manager to Verify for approval:                              |   | Date | dd / mm /yyyy |
| Client Service Officer to enter member Investment Choice in; |   |      |               |
| <input type="radio"/>  | Tracker Note  | Date | dd / mm /yyyy |
| <input type="radio"/>  | Scan document to AON  |      |               |
| <input type="radio"/>  | Scan document to Vault  |      |               |
| <input type="radio"/>  | Scan document to Tracker  |      |               |
| <input type="radio"/>  | File document   |      |               |
| Completed by:  |   | Date | dd / mm /yyyy |