

## INVESTMENT CHOICE DIRECTION FORM

Please read the Product Disclaimer Information Handbook and complete this form carefully.

If you do not complete the form properly your Application will not be confirmed and/or your Investment Direction will be recorded as being a 100% allocation to the CINSF Default Fund.

1. Your Information							
RMD Number				CINSF Member Number		r	
Title	Mr	Mrs	Ms	Dr	Other		
First name(s)							
Surname							
Date of Birth (DD/MM/YY)	/	/			Gender	Male	Female
Address Details							
Phone Numbers	Home F	hone			Mobile Phon	ie	
Email Address							

## Please note the following:

- Changes to your 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 2021, the switch request will be processed 15 business days after 31 August 2021, i.e. 21 September 2021.
- If you wish to select a combination of CINSF Investment Funds for your Compulsory or Voluntary account balances, the minimum amount you can select in any one of the CINSF Investment Funds is 5%.

2. Your Investment Choice							
I elect to switch the investment of my account, including my existing investment and future contributions to.							
CINSF Conservative Fund			%				
CINSF Balanced Fund			%				
CINSF Growth Fund			%				
Total Percentage (must add up to 100%)		100	%				



## 3. Your Declaration and Signature

Member Signature

## Please read this declaration before you sign and date your form.

- I declare that information I've given on this form is true and correct.
- I direct the Trustee to invest my contribution balance 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 market conditions or the investment manager 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.
- I understand that if I don't make choices on my Investment Direction, this will be recorded as being 100% allocated to the CINSF Conservative Fund

Date / /

- My choice of Investment Direction is a binding direction from myself to the Trustee.
- You are entitled to one free switch per year. Any additional requests to switch in any one year will be charged at \$75 each.

1 ICHIDCI SIGNATOR	Bate	, ,	/					
CINSF Office Use Only								
Checked by:		Date	dd/mm/yyyy					
0	Confirm member personal details are correct in Te Roro and updated if required.							
0	Check Investment direction totals add to 100%.							
Entered by:		Date	dd/mm/yyyy					
Client Service Officer to enter mer	mber Investment Choice in;							
0	Update Investment Changes on Te Roro							
0	Automatic CINSF Default Fund if no choice was made							
0	Submit to Manager for Approval							
Manager signature for approval		Date	dd/mm/yyyy					
0	Scan Document and attach to Te Roro							
0	Email/Submit Investment Choice Form to Administrato to process	r						
0	Administrator to provide confirmation letter of the changes.							
0	File Document to member file							