


MERCER FLEXISAVER

CHANGE OF INVESTMENT OPTIONS

If you need help completing this form please call us on **0508 637 237**.

Please print in black or blue pen, in uppercase, one character per box and  all that apply.



PRIVACY STATEMENT

Information in this form and any requested documents are being collected to enable administration of this account.

The Privacy Act entitles the account holder to access and to request correction of any personal information.

STEP 1 - MEMBER DETAILS

In this section we need to confirm that you are who you say you are.

Member number

IRD number

Title: Mr Mrs Ms Miss Other

Date of birth / /

First name

Middle name(s)

Surname

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Mailing address (if different from residential address)

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Telephone

Mobile

Daytime

Email

STEP 2 - SELECT YOUR INVESTMENT OPTIONS

Future contributions		Current account balance	
	Percentage to be invested		Percentage to be invested
Cash	%	Cash	%
Conservative	%	Conservative	%
Moderate	%	Moderate	%
Balanced	%	Balanced	%
Growth	%	Growth	%
High Growth	%	High Growth	%
Shares	%	Shares	%
Total (must equal 100%)	100%	Total (must equal 100%)	100%

Member number

STEP 3 – SIGN THE FORM

By signing this form, I understand that:


- Any changes will be effective from the date the change is made by the Manager.
- The Manager will not action my request if in the Manager's opinion any information is incomplete or ambiguous.
- The information on this form will be handled by the Manager to process my request.
- I agree that Mercer and/or the Supervisor may obtain, use and share information about me and allow third parties, including financial advisers and any parent/guardian as appropriate, to have access to my personal information to the extent reasonably necessary to meet their respective legal obligations, administer my account, provide financial advice or to promote to me products or financial services that may be of interest.
- I have the right to access and request correction of personal information held about me.

Signature

Date / /

* Signature of parent or legal guardian of the member. If so, please specify:

Relationship to applicant

 **Please return your completed form to:**
Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140
New Zealand