

INVESTMENT ALTERATION REQUEST

Please read this section before you start completing this form.

The Teachers' scheme offers you a choice of one or more of four investment funds. You also have the flexibility to choose a different fund or combination of funds for the investment of your account balances and future contributions.

Member to complete Steps 1 to 4 (please use BLOCK letters).

Step 1. Complete your personal details

Mr Mrs Ms Miss Other (please specify)

Surname/family name Given names

Home/private address:
 Number Street Name

Suburb City Postcode

Work phone

Home phone

Mobile

E-mail*

MoE number

Date of birth / /

School employed at

School number

* I acknowledge that by providing my email address, I am consenting to receiving information about the Scheme (including the annual report) electronically. Should I not wish to receive such information electronically, or should my email address change, I undertake to advise Mercer (N.Z.) Limited, the Scheme's administration manager.

Step 2A. Request to reallocate **current** account balances

I do not wish to reallocate my current total account balances.

OR

Please reallocate my current total account balances in the following proportions:

Cash Fund %

Stable Fund %

Balanced Fund %

Growth Fund %

(Must total 100%)

I understand that no fund transfer fee is payable for the first reallocation made during any year commencing on 1 July, but that second and subsequent reallocations during that year incur a fund transfer fee. (Please refer to the member booklet for details of the fees that may apply.)

Step 2B. Request to reallocate **future** contributions

I do not wish to reallocate my future contributions.

OR

From / / please direct all my future contributions and any contributions made by my employer (through the Ministry of Education) on my behalf to:

Cash Fund %

Stable Fund %

Balanced Fund %

Growth Fund %

(Must total 100%)

Step 3. Sign the form

I acknowledge that my request will be completed by the Teachers' scheme administrator within 7 days of receipt of this form (excluding weekends and statutory holidays). I understand that a letter confirming my request has been actioned will be sent to the address shown overleaf.



Member's signature

Date

 / /

Step 4. Return instructions

Member to retain a copy of this form.



Member to send the original to Teachers' scheme Administrator, Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140.