

## Pathfinder.

Kiwisaver: Changing your Investment Options	
Member details	
itle First Name	Last Name
Current Driver's Licence or Passport Number _	
Postal Address	
own/City Con	ntry Postcode
Home phone	Mobile
Email	Pathfinder ESG Number
Changing your investment options wish to make the following changes to my Pathfinder Kiwi  Existing balances only  Future contributions only  Both existing balances and future contribu	% Growth Fund % Balanced Fund
Declaration	
nvestment and that the value of my investment	ment for the Pathfinder KiwiSaver Plan. s a Pathfinder member, that the Plan is a vehicle for long-term liable to fluctuations and may rise and fall from time to time. Pathfinder to change my investment options according to this form.
Signature*	Date

**Disclaimer:** By typing your name above you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature and confirm the information stated on this form is correct.

## Where do I send my application to?

## **Email return:**

Please scan this application and email it to us at apply@pathfinder.kiwi or

## Postal return:

Please send this application to: Pathfinder Asset Management, PO Box 2673, Auckland 1140.

If you have any questions, please contact 0800 ETHICAL (384 4225).

Please allow three business days for this application to be processed.

<sup>\*</sup> For a member aged below 16, this form must be signed by the legal guardians of the member. Members aged 16 and over may exercise membership-related discretions themselves.