

Post this form to **ANZ Investments, Freepost 324, PO Box 7149, Wellesley Street, Auckland 1141.**

1. THIS FORM RELATES TO AN APPLICATION FOR INVESTMENT OR EXISTING INVESTMENT IN THE FOLLOWING (PLEASE TICK):

- ANZ Investment Funds OneAnswer Multi-Asset-Class Funds

2. INVESTOR INFORMATION

First name(s)	Surname
First name(s)	Surname

or Company/Trust/Partnership/Estate name

ANZ customer (or investor) number

Taxpayer's IRD number (please call Inland Revenue on 0800 775 247 for help)

Taxpayer's prescribed investor rate 0% 10.5% 17.5% 28%

3. WHAT WOULD YOU LIKE TO DO?

- Split your current balance between multiple funds (complete sections 4 and 6)
- Split your future payments between multiple funds (complete sections 5 and 6)
- Split both your current balance and future payments between multiple funds (complete sections 4, 5 and 6).

4. SPLITTING YOUR CURRENT BALANCE

Please split my current balance between the following funds:

Conservative Fund	<input type="text"/> 0 %
Conservative Balanced Fund	<input type="text"/> 0 %
Balanced Fund	<input type="text"/> 0 %
Balanced Growth Fund	<input type="text"/> 0 %
Growth Fund	<input type="text"/> 0 %
	1 0 0 %

5. SPLITTING YOUR FUTURE PAYMENTS

Please split my future payments between the following funds:

Conservative Fund	<input type="text"/> 0 %
Conservative Balanced Fund	<input type="text"/> 0 %
Balanced Fund	<input type="text"/> 0 %
Balanced Growth Fund	<input type="text"/> 0 %
Growth Fund	<input type="text"/> 0 %
	1 0 0 %

- Percentages must be whole numbers and add up to 100%.
- Before splitting your investment between multiple funds, we recommend that you seek personalised advice from your financial adviser.
- Please read the relevant guide and product disclosure statement for your fund before completing this form.

FORM 6

6. INVESTOR AGREEMENT

By signing this form, you agree to be bound by the ANZ Investment Funds or OneAnswer Multi-Asset-Class Funds terms and conditions. These are set out in the governing document and the guide and product disclosure statement. If signed under power of attorney, the attorney confirms that he/she has not received notice of revocation of that power.

Signature

Date

Signature

Date

ADVISER USE ONLY

Customer has received a copy of the applicable guide and product disclosure statement.

Adviser name

FSP number

Distributor company name

Distributor (agency) code