



You can use this form to appoint a new financial adviser and confirm to what extent we can take instructions directly from them and the fees we are to pay to them in respect of your IVCM (NZ) PIE Superannuation Fund (i.e. separately from the underlying investments of the pension). You can also use this form to appoint 'Information Only' access to third parties, such as an accountant or a spouse.

Scheme Member's Full Name

IVCM Plan Reference

Please give the details of your Financial Adviser

Company Name	Regulator Reference
Full Address	
Email	
Telephone	Fax

Do you authorise your Financial Adviser to arrange investment instructions on your behalf?

If NO, we will require your express instruction each time an investment switch or choice is made

Yes

No

Is your Financial Adviser to be paid a fee from your IVCM (NZ) PIE Superannuation Fund member account?

If YES, please complete the following information NOTE: None of the fees deducted can be rebated to the client

Yes

No

Initial Fee

\$

or

%

Annual Fee

\$

or

%

[max 0.50% per annum]

Do you wish for another party to have **Information Only** access to your pension scheme?

If Yes, please fill in their name and address below for our verification procedures

Yes

No

Adviser Declaration

I hereby confirm that I have been appointed by the client in relation to their IVCM (NZ) PIE Superannuation Fund and can confirm that the fees described above have been discussed and agreed with the client.

Sign

Name

Date

Member Declaration

I hereby confirm that I have discussed and agreed to the above described fees payable to my Financial Adviser and for information to be provided or instructions accepted in accordance with the above.

Sign

Name

Date