

INVESTMENT SWITCH FORM

Member Details

Name:			
Member No:		Branch / Group:	

Member Acknowledgement

I realise that this form is to be used to direct the Trustee of the Opus Downer Retirement Scheme to transfer some or all of my current account balances and to direct my future member and employer contributions into the Investment Funds that I have indicated below. I understand that:

- the Opus Downer Retirement Scheme has two Investment Funds, which are referred to as the Balanced Fund and the Cash Fund;
- choosing the proportions to apply to each Investment Fund is solely my responsibility and the Trustees are not to be regarded as implying or representing that either Investment Fund is appropriate for my personal circumstances;
- when I choose to invest in a Fund, at least 10% of my total Account balances have to be invested in that Fund;
- when I choose to contribute to a Fund, a contribution rate of at least 1% of my salary has to be invested in that Fund;
- my choice of the proportions to apply and the rates to contribute to each Investment Fund are binding directions from me to the Trustees in terms of the Trustee Act 1956;
- the election revokes any previous election that I may have made to the Scheme; and
- the changes required by this form will take place after I have satisfactorily completed the form and after it has been received and implemented by the Scheme Administrator.

Investment Direction

From the date of implementing this advice, I direct the Trustee to invest the balance in my Opus Downer Retirement Scheme Accounts in the following proportions:

Balanced Fund: % Cash Fund: %

(The total percentages must add to 100%)

Contribution Direction

From the date of implementing this advice, I direct the Trustee to invest all of my own and my employer's future contributions to the Investment Funds in the following proportions:

Balanced Fund: % Cash Fund: %

(The total percentages must add to 100%)

Member Authorisation

Member full name: _____

Member Signature: _____ Date ____/____/____

Member Address: _____

Please send the completed form to the Administration Manager at the address below.

Administration Manager
 Melville Jessup Weaver

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 Wellington 6142
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W www.workssuper.org.nz