

Switch Form

Octagon Investment Funds

If you have any questions regarding this form, please contact Octagon Investment Funds on 0800 628 246.

Personal Details

Account Number: Please note your Octagon account number can be up to ten characters long.

Account Number:

Mr
 Ms
 Mrs
 Miss
 Dr

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Full Name:

Switch - Partial

Please tick the Funds you would like to transfer funds to and from. Write the amount(s) you would like to withdraw or invest beside each selected Fund

A switch notice, once given, cannot be taken back. When you make a switch we treat it as a withdrawal from the fund that you wish to exit, and an application to buy units in the new fund that you have decided to invest in. As a result, PIE tax may be deducted when your withdrawal is processed and buy/sell spreads may apply.

<i>Fund(s) to transfer to and from</i>	Amount (\$) to withdraw	Amount (\$) to invest
<input type="radio"/> Enhanced Cash Fund:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="radio"/> New Zealand Equities Fund:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="radio"/> Australian Equities Fund:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="radio"/> Listed Property Fund:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="radio"/> Global Equities Fund:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="radio"/> New Zealand Fixed Interest Fund:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="radio"/> Income Fund:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="radio"/> Balanced Fund:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="radio"/> Growth Fund:	\$ <input type="text"/>	\$ <input type="text"/>

Switch - Full

Please tick the Funds you would like to transfer funds to and from. Write the percentages of what you would like to invest beside each selected Fund.

<i>Fund(s) to withdraw from</i>	Percentage (%) to invest (% must add to 100)	
Enhanced Cash Fund:	<input type="radio"/> Full Withdrawal	<input style="width: 100px;" type="text" value="%"/>
New Zealand Equities Fund:	<input type="radio"/> Full Withdrawal	<input style="width: 100px;" type="text" value="%"/>
Australian Equities Fund:	<input type="radio"/> Full Withdrawal	<input style="width: 100px;" type="text" value="%"/>
Listed Property Fund:	<input type="radio"/> Full Withdrawal	<input style="width: 100px;" type="text" value="%"/>
Global Equities Fund:	<input type="radio"/> Full Withdrawal	<input style="width: 100px;" type="text" value="%"/>
New Zealand Fixed Interest Fund:	<input type="radio"/> Full Withdrawal	<input style="width: 100px;" type="text" value="%"/>
Income Fund:	<input type="radio"/> Full Withdrawal	<input style="width: 100px;" type="text" value="%"/>
Balanced Fund:	<input type="radio"/> Full Withdrawal	<input style="width: 100px;" type="text" value="%"/>
Growth Fund:	<input type="radio"/> Full Withdrawal	<input style="width: 100px;" type="text" value="%"/>

Please turn over



Agreement and Signature

By signing this switch form I/we:

- instruct you to redeem units from my/our existing investments in Octagon Investment Funds (“Funds”) and apply to invest the proceeds into the Funds, in each case as I/we have set out on this form;
- confirm that I/we have received, read and understood the current Product Disclosure Statement for the Funds, as is available from www.octagonasset.co.nz/our-funds;
- confirm that I/we am/are eligible to invest in Octagon Investment Funds, and if I am completing this form on behalf of a minor, that I am authorised to complete this form on their behalf;
- acknowledge that choosing funds in the Funds is solely my/our responsibility, and neither you nor the Supervisor recommends or is advising me/us that any particular fund or investment option is appropriate for my/our personal circumstances;
- agree that I/we will provide you with any information or documentation that you request from me/us for the purposes of you complying with any legal requirements.

Instructions for Signing

This form must be signed by all account holders. The account holders are:

- For an individual account, the individual
- For a joint account, the joint holders
- For a trust or estate account, the trustees or executors
- For a partnership account, the partners
- For an account held by a company, incorporated society or other incorporated entity, the account holder is the entity – in this case the form must be signed for the entity by someone authorised by the entity to do so.

Agreement and Signature

Name:	Name:																																
Signature:	Signature:																																
Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>DAY</td><td>MONTH</td><td colspan="2">YEAR</td><td colspan="4"></td></tr></table>									DAY	MONTH	YEAR						Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>DAY</td><td>MONTH</td><td colspan="2">YEAR</td><td colspan="4"></td></tr></table>									DAY	MONTH	YEAR					
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Witness (if a Company or Trustee Company has only one Director then the Director’s signature must be witnessed as set out below)

Name of Witness:																	
Occupation:																	
Address:																	
Street No./Name/PO Box:																	
Suburb/RD No.:	Mail Centre:																
Town/City:	Postcode:																
Signature:	Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>DAY</td><td>MONTH</td><td colspan="2">YEAR</td><td colspan="4"></td></tr></table>									DAY	MONTH	YEAR					
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OFFICE USE ONLY
Upon receipt of this client instruction, please enter directly into the Investment Funds App. Please scan a copy to client notes for your reference.