



Authority for Nominated Person to Access Account Information

Use this form to nominate someone to obtain information on your NZ Funds KiwiSaver Scheme on your behalf.
Return to NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142,
or by email to nzfkivi@linkmarketservices.com.

1. Your personal details

Member number				IRD number			
N	Z	F					
Name							
Title	First name	Middle name(s)	Surname				
Date of birth							
Day	Month	Year					
Residential address (not PO Box)							
Street							
Suburb		Town / City		Postcode			

2. Details of the person authorised to obtain information

Name of authorised person							
Title	First name	Middle name(s)	Surname				
Date of birth				Relationship			
Day	Month	Year		to person named in 1 (above)			
Residential address (not PO Box)							
Street							
Suburb		Town / City		Postcode			

3. Authorisation

I hereby authorise the person nominated in 2 (previous page) to obtain information on my NZFunds KiwiSaver Scheme account.

I would like this authorisation to be effective from

Day	Month	Year	

I understand this authority only enables this representative to obtain information on my account and does not constitute an authority to act on my behalf.

Signature

Signature of member	Day	Month	Year	