

LIFETIME MASTER TRUST

Changing your Investment Portfolio

Please send this completed form and supporting documents to:

lifetime@linkmarketservices.com

Lifetime Asset Management, PO Box 91976, Victoria Street West, Auckland 1142.

If you have any questions when completing this form, please call Customer Services on 0800 266 268.

Use this form to switch your existing investments to a different investment portfolio and/or change where your future contributions will be invested.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed and signed this form, please send it and any supporting documentation to the address above.

*These sections must be completed

*(a) Your personal details		
Plan number (if known) Name of Em	ployer	
Title Mr Mrs Ms Miss Dr Other First names	Date of birth D D M M Y Y Y Y Surname	
Personal email address	Work email address	
Postal address		
	Postcode	
Please provide at least one contact phone number		
Home phone Mobile phone		
()		
IRD number Prescribed Investor R 10.5% 17.5% (Please note: We cannot process your application until we receive your IRD number.)	To hole determine your DID go to indepent my If a DID is not	

*(b) Privacy

The personal information you are providing in this form, (or in connection with this form) is being collected for the main purpose of effectively administering and managing your Lifetime Master Trust account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your contribution or withdrawal. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you (including from our parent company Lifetime Asset Management Limited). The information may be used by, and disclosed to the Manager, Lifetime Asset Management Limited, the Administration Manager, or other entity involved in the administration and management of the Lifetime Master Trust (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

I agree that this information may be collected, held and disclosed for these purposes.

The information is being collected by the Manager, whose address is Lifetime Asset Management, PO Box 10760, Wellington 6140, and will be held by Link Market Services Limited who you can contact at PO Box 91976, Victoria Street West, Auckland 1142. You can request access to your personal information and can ask that it is updated by calling 0800 266 268.

(C) New Investment matructions	
I elect to switch the investment of my member's account to the fu Agreement (please refer to the supporting email for details of the I understand that some of the funds below might not be available	funds available under your Employer's Plan).
□ My current balance only. □ My future contributions only. □ Both my current balance and future contributions.	
Details of the investment funds below are set out in Section 3 of the lifetimeincome.co.nz/master-trust. You may choose to invest in univested evenly across the funds you select (please tick boxes):	
Lifetime Cash Fund	Lifetime Active Growth Fund
Lifetime Conservative Fund	Lifetime Target Date 2025 Fund
Lifetime Balanced Fund	Lifetime Target Date 2035 Fund
Lifetime Growth Fund	Lifetime Target Date 2045 Fund
(d) Your signature	
 Lifetime Asset Management I understand that if Lifetime accepts these investment instructions, they will be implemented as soon as possible after Lifetime has received them, and will apply until I advise Lifetime otherwise. I acknowledge that any fees payable will be deducted from my account. I acknowledge that tax will be calculated and debited (where appropriate) at my recorded PIE tax rate and that it is my responsibility to notify Lifetime of my correct PIR. I acknowledge that if for any reason Lifetime is not able to accept or process these investment instructions, Lifetime will contact me. Until such time as these investment instructions are accepted and processed by Lifetime, any contributions I make will be invested in accordance with the existing investment instructions. I acknowledge that none of my employer, the Trustees, or the Manager guarantee the performance of the investment funds selected. I confirm that the above information is correct and I request that Lifetime update its records to reflect the changes specified in this form. 	
Member's signature SIGN HERE	Date D D M M Y Y Y Y Y Y
SIGN FIERE	

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