



Change of Personal Details Form

(Fax to 0800 734 329 and post original to Lifestages, C/- Trustees Executors, PO Box 409, Wellington 6140)

Are your details correct? If not, please fill in your current and new details below:

Investor name _____ Investor number (if known) **F** **A** | | | | | | | | | |

Current details (please print in block letters)

Title _____ Given name(s) _____ Family name _____

Date of birth _____ Occupation _____

Identity details _____ IRD number | | | | | | | | | |

Full company, trust or organisation name _____

Postal address _____

_____ Postcode _____

Home telephone number _____ Work telephone number _____

New details (please print in block letters)

Title _____ Given name(s) _____ Family name _____

Date of birth _____ Occupation _____

Identity details _____ IRD number | | | | | | | | | |

Full company, trust or organisation name _____

Postal address _____

_____ Postcode _____

Home telephone number _____ Work telephone number _____

Email address _____

Date income distributions commence | | | | | | | | | | | | | | | | | | | | | |

Account number _____
Bank _____ Branch _____ Account number _____ Suffix _____

Signature(s)

Investor's signature (1) _____ Date _____

Investor's signature (2) _____ Date _____