

# Switch request

Integral Master Trust

This form is used to advise Integral Master Trust that you wish to switch all or part of your investment in one Integral Master Trust fund to another Integral Master Trust fund, or instruct us to rebalance your portfolio automatically to a new Investment Profile.

## 1. Investor details

Name of investor(s):

Investor number(s):

NZB

NZB

## 2. Type of switch

Tick only **one** option as below. Please fill in two separate switch request forms if you wish to process a one-off switch now and a regular monthly switch at a later date.

☐ One off switch

☐ Regular monthly switch

Month / year commencing: 

/

Month / year ending: 

/

OR until the Fund runs out: ☐

☐ Opt in to rebalancing

☐ Change of investor profile

## 3. Fund to switch from

Please choose only **one** option for each fund you wish to switch out from.

| Fund  | Net amount | Percentage | Unit amount | Notes / Account ref  |
|---|------------|------------|-------------|--|
| Defensive Fund  | \$         | %          |             |  |
| Diversified 40 Fund   | \$         | %          |             |  |
| Diversified 60 Fund   | \$         | %          |             |  |
| Global Equities Fund  | \$         | %          |             |  |
| Focused Growth Fund   | \$         | %          |             |  |
| I/We wish to switch out residual value if current portfolio value is less than amount / Units requested as above: |            |            |             | <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> |

## 4. Fund to switch to

Please choose only **one** option for each fund you wish to switch to.

| Fund                 | Dollar amount | Percentage | Notes / Account ref |
|----------------------|---------------|------------|---------------------|
| Defensive Fund       | \$            | %          |                     |
| Diversified 40 Fund  | \$            | %          |                     |
| Diversified 60 Fund  | \$            | %          |                     |
| Global Equities Fund | \$            | %          |                     |
| Focused Growth Fund  | \$            | %          |                     |

## 5. Change investor profile

| Fund                 | Percentage  |
|----------------------|-------------|
| Defensive Fund       | %           |
| Diversified 40 Fund  | %           |
| Diversified 60 Fund  | %           |
| Global Equities Fund | %           |
| Focused Growth Fund  | %           |
| <b>TOTAL</b>         | <b>100%</b> |

I/We wish to change the fund allocation of my/our regular application to match the investor profile requested above:

☐ Yes

☐ N/A

## 6. Authorisation

I/we understand that the 'switch from' transaction will be treated as a standard redemption of Units, and the proceeds from the redemption will be used to initiate a standard application for units in the 'switch to' fund.

I/we understand that if my/our switch request is received by the Manager prior to noon (NZ time), if possible the redemption transaction ('switch from') will be processed at the redemption (sell) price applicable for the day it is received, but if it is received after this time it will be processed at the next day's redemption (sell) price.

The application transaction ('switch to') will be processed at a different day's issue price based on the availability of the redemption proceeds.

I/we understand that I/we will not be charged a fee to switch investments, but that transaction costs will be incurred because in determining the Unit prices of the funds, a buy/sell spread is incurred each time units are redeemed or applied for. This additional cost to the investor is an allowance made for brokerage, underlying manager spreads and other transaction costs associated with buying and selling the underlying investments of the funds.

I/we agree to be bound by the terms and conditions set out in the current Integral Master Trust Product Disclosure Statement, the Trust Deed and this switch form.

☐ I have received the current Integral Master Trust Product Disclosure Statement.

## 6. Authorisation

|   |                      |       |                                |                                |
|---|----------------------|-------|--------------------------------|--------------------------------|
| Signature of applicant,<br>trustee or director: | <input type="text"/> | Date: | <input type="text" value="/"/> | <input type="text" value="/"/> |
| Name:   | <input type="text"/> |       |                                |                                |
| Signature of applicant,<br>trustee or director: | <input type="text"/> | Date: | <input type="text" value="/"/> | <input type="text" value="/"/> |
| Name:   | <input type="text"/> |       |                                |                                |
| Signature of applicant,<br>trustee or director: | <input type="text"/> | Date: | <input type="text" value="/"/> | <input type="text" value="/"/> |
| Name:   | <input type="text"/> |       |                                |                                |
| Signature of applicant,<br>trustee or director: | <input type="text"/> | Date: | <input type="text" value="/"/> | <input type="text" value="/"/> |
| Name:   | <input type="text"/> |       |                                |                                |

Please return this form to your adviser.