Change of Prescribed Investor Rate

NZ Britannia
RETIRE BETTER

Integral Master Trust

1. Your Details

IRD number:	
Title:	Mr / Mrs / Miss / Ms / Dr
Full name:	
Street:	
Suburb:	Postcode:
City:	Country:
Occupation:	
Preferred contact number:	
Email:	

2. Your PIR

Please change my PIR to the following:	

3. Authorisation

I agree that my details above are correct to the fullest of my knowledge.

Signature:	Date: DD/MM/YYYY
Name:	

If not signed by the account holder, you confirm you are authorised to provide this information on behalf of the account holder.