Hive KiwiSaver Scheme

Intermediary Nominated Adviser Form

A. Introduction

Complete this form if you are an existing member of the Hive KiwiSaver Scheme and would like to switch your Financial Adviser to a new Adviser at a different Financial Advice Provider.

Please send the completed form to:

hello@hive.co.nz or Hive KiwiSaver Scheme, PO Box 147454, Ponsonby, Auckland 1144.

B. Your Details

FIRST NAME

MIDDLE NAME(S)

SURNAME

DATE OF BIRTH

DD / MM / YYYY

EMAIL ADDRESS

HIVE MEMBER NUMBER

H I V E

IRD NUMBER

C. New Adviser Details

ADVISER FIRST NAME

ADVISER SURNAME

FINANCIAL ADVICE PROVIDER BUSINESS NAME

D. Client Authorisation and Agreement

By signing this form, I, the client:

- Provide my informed consent for Hive Funds Limited to process the termination of the current Nominated Adviser relationship.
- Provide my informed consent for the Nominated Adviser and their Financial Advice Provider to also have visibility and access to all information Hive holds on file relating to me and my account.
- Acknowledge that Hive Funds Limited will continue to have access to my information as my account remains with them.
- Acknowledge and accept that the fees I pay for existing Hive products will remain unchanged as a result of this transition to a new servicing and advice provider.

E. Signature

NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

DD / MM / YYYY