

Please print in black or blue pen, in uppercase and all that apply.

STEP 1 – MEMBER DETAILS

Member number

IRD number - -

Date of birth / /

STEP 2 – YOUR NEW DETAILS

Please only add or update details that are new or that need to be changed.

A Changing or correcting your name



If you are changing your name, please provide proof e.g. an original certified photocopy of the marriage certificate. If you are only correcting your name or date of birth, please supply a certified photocopy of your passport or drivers licence with this form. For further information, please refer to the confirmation of identity guide, which is available at www.nzdfsavings.mil.nz/documents.

Mr Mrs Ms Other

Date of birth / /

First name

Middle name(s)

Surname

B Correcting your date of birth

Date of birth / /

C Change of residential address

| | |
|--------|-------------|
| Number | Street Name |
| Suburb | |
| City | Postcode |

Change of mailing address (if different from residential address)

| | |
|--------|-------------|
| Number | Street Name |
| Suburb | |
| City | Postcode |

C New contact information

Business hours

After hours

Mobile

Email



If you would like to change your Prescribed Investor Rate (PIR) or your investment option(s), please sign in to your online account via www.nzdfsavings.mil.nz and action these changes online. For assistance, please call the Helpline.

STEP 3 – SIGN THE FORM

By signing this form, I understand that:

- Any changes will be effective from the date the change is made by the Manager.
- The Manager will not action my request if in the Manager’s opinion any information is incomplete or ambiguous.
- To administer my FlexiSaver account, I agree that NZDF, the Supervisor and the Manager may share, use and obtain information about me and allow third parties, including financial advisers, to have access to my personal information to the extent reasonably necessary to meet their respective legal obligations, administer my account, provide financial advice or to promote to me products or financial services that may be of interest.
- My personal information may be disclosed to the Manager, NZDF and my employer, and other third parties (including any parent/guardian) as required, to the extent necessary for the purposes of providing and managing my account and processing this request.
- I have the right to access and request correction of personal information held about me.

Signature*

Date / /

* Signature of the parent or legal guardian of applicant. If so, please specify:

Relationship of parent/guardian

Please return your completed form to: New Zealand Defence Force FlexiSaver Scheme, PO Box 1849, Wellington 6140, New Zealand