

Release of Information Authority



You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740** or email to **kiwisaver@fisherfunds.co.nz**.

Who should complete this form?

Please complete this form to allow Fisher Funds to release information about your Fisher Funds KiwiSaver Scheme account to TSB. This will let you see your KiwiSaver account balance within your TSB Online Banking and will supersede any other Fisher Funds Release of Information Authority you may have previously granted.

Note: if you are a Fisher Funds TWO KiwiSaver Scheme member, your KiwiSaver balance information cannot be disclosed to TSB.

If you are unsure which scheme you belong to or you would like help completing this form, please email **kiwisaver@fisherfunds.co.nz** or phone us on **0800 FF KIWI (0800 335 494)**.

Your Details

Title	First Name/s	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Fisher Funds KiwiSaver Scheme Account No.	TSB Customer Number	Date of Birth
<input type="text"/> F <input type="text"/> I <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Declaration

I, hereby authorise Fisher Funds to disclose any information in regard to my Fisher Fund KiwiSaver Scheme account to TSB.

Signature	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>