

INTEGRAL MASTER TRUST

Change of Prescribed Investor Rate (PIR)

This form is used to advise Integral Master Trust that you wish to change your Prescribed Investor Rate (PIR).

1. Your details

IRD number	<input type="text"/>						
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>				
Given name(s)	<input type="text"/>						
Address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>		
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>						

2. Your PIR

Please change my PIR to the following:

3. Authorisation

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

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

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