

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title:	<input type="text" value="Mr / Mrs / Miss / Ms / Dr"/>						
Full name:	<input type="text"/>						
Street:	<input type="text"/>						
Suburb:	<input type="text"/>				Postcode:	<input type="text"/>	
City:	<input type="text"/>			Country:	<input type="text"/>		
Preferred contact number:	<input type="text"/>						
Email:	<input type="text"/>						

2. Your PIR

Please change my PIR to the following:	<input type="text"/>
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3. Authorisation

I agree that my details above are correct to the fullest extent of my knowledge.				
Signature:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>
Name:	<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.				

