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NOTIFICATION OF CHANGE FORM

DATE: _____/_____/_____

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

Please make the following change(s) to the above account:

- | | |
|---|---|
| <input type="checkbox"/> Account Name (Section One) | <input type="checkbox"/> New Passbook (Section Six) |
| <input type="checkbox"/> Residential/Postal Address (Section Two) | <input type="checkbox"/> Annual Reports/Interest Rate Change Notification (Section Seven) |
| <input type="checkbox"/> IRD Number/Tax Rate (Section Three) | <input type="checkbox"/> General (Section Eight) |
| <input type="checkbox"/> Code Word (Section Four) | <input type="checkbox"/> Signatories to Operate Account (Section Nine) |
| <input type="checkbox"/> Authorised Accounts (Section Five) | <input checked="" type="checkbox"/> Authorisation (Section Ten) COMPULSORY |

SECTION ONE: (All Current Account Signatories to sign Authorisation) - (Original identification must be provided)

Please change the name of the above account to: _____

SECTION TWO:

Residential/Non-resident address: _____

 Home/Work Ph. No: (____) _____

Postal Address: _____

 Email: _____
 Cell Phone No: (____) _____

SECTION THREE:

Please load my IRD # _____/_____/_____ Full Name: _____
 Please amend my tax rate to: 19.5% 33.0% 39.0%
 Exempt (Copy of Certificate must be provided) Non-Resident (Overseas address must be supplied)

SECTION FOUR: (All Current Account Signatories to sign Authorisation)

Please load the following code word on my/our account for telephone/email/fax communications with HBS: _____
 I/We acknowledge that **anyone quoting this code word** will be able to gain information for my/our account and will be able to transfer funds to/from this account to/from Authorised Accounts.

SECTION FIVE:

Interpretation: Hastings Building Society = HBS or HBS Building Society or 'the Society'.
 Banking days = Monday to Friday, excluding statutory holidays.

Funds transferred electronically into an HBS account will delay the receipt of funds and interest will not commence until the next banking day.
 Funds transferred to an account with a bank or another financial institution are subject to that bank's/financial institution's rules and may not be treated by them as cleared funds.
 Funds transferred electronically out of an HBS account (including investments and interest) will be transferred on the same banking day and will accrue no further interest from that date.
 Transfer of funds scheduled or requested electronically out of an HBS account (including investments and interest) on a **non-banking day** will be delayed until the next banking day and will accrue no further interest from the requested or scheduled date of transfer.

Please supply encoded deposit slip or copy of bank/financial institution statement for verification

_____/_____/_____
 BANK BRANCH ACCOUNT NUMBER SUFFIX

Account name: _____

_____/_____/_____
 BANK BRANCH ACCOUNT NUMBER SUFFIX

Account name: _____

HBS Account # _____

Account name: _____

HBS Account # _____

Account name: _____

Direct Debits: Following a telephone/email/fax request from **anyone quoting the correct code word** I/we authorise HBS to debit our trading bank account and deposit the funds into this account. **Direct Debit Authority form(s) must be attached.**

_____/_____/_____
 BANK BRANCH ACCOUNT NUMBER SUFFIX

Account name: _____

_____/_____/_____
 BANK BRANCH ACCOUNT NUMBER SUFFIX

Account name: _____

SECTION SIX: (All Current Account Signatories to sign Authorisation)

Please issue me/us with: A replacement passbook; or Reason: _____
 A new account number and passbook Reason: _____

SECTION SEVEN: (Please note: this only applies to accounts that qualify)

- I DO NOT wish to receive an Annual Report for the above account(s) because I already receive one each year.
- I DO wish to receive an Annual Report for the above account(s) each year.
- NOTE: This only applies to accounts that qualify in accordance with HBS Rules.**
- I DO NOT wish to receive Interest Rate change advice letters for the above account(s).
- I DO wish to receive Interest Rate change advice letters for the above account(s)

SECTION EIGHT: NOTE: In the event of fraud, cash withdrawals may be an irreversible transaction.

Cash withdrawals are permitted on my/our account: Yes No **(All Current Account Signatories to sign Authorisation)**

Comments: _____

SECTION NINE: (All Current Account Signatories to sign Authorisation)

The signatory/s below are to replace all previous signatories; or The signatory/s below are to be actioned as indicated.

This signatory is to be:

- ADDED
- ADDED Power of Attorney - *(It is the account-holder's responsibility to advise HBS in writing when any Power of Attorney has been revoked or amended. If a request of any nature is received from someone using a Power of Attorney, a "Certificate of Non-Revocation of Power of Attorney" form may be required (at HBS discretion) to be completed prior to actioning each request.*
- REMOVED
- REPLACES _____

Title: Mr/Mrs/Miss/Ms/Other _____

Surname: _____

First Names: _____

Date of Birth: ____/____/____

IRD No: ____/____/____

Residential Address: _____

Postal Address: _____
(If Different from above) _____

Phone: Hm: (____) _____ Wk: (____) _____

Mobile: (____) _____

Email: _____

SIGNATURE:

Identification: One of the following **original** documents below must be provided. Any other identification must be approved by the General Manager. If the application to open an account is made otherwise than in person at an HBS location, a copy of one of the below documents certified true and correct by a J.P. or Solicitor will generally be acceptable. We do not open accounts for overseas residents unless opened in person at one of our branches.
 Drivers Licence Passport Firearms Licence
 Sighted original identification and photocopy attached

This signatory is to be:

- ADDED
- ADDED Power of Attorney - *(It is the account-holder's responsibility to advise HBS in writing when any Power of Attorney has been revoked or amended. If a request of any nature is received from someone using a Power of Attorney, a "Certificate of Non-Revocation of Power of Attorney" form may be required (at HBS discretion) to be completed prior to actioning each request.*
- REMOVED
- REPLACES _____

Title: Mr/Mrs/Miss/Ms/Other _____

Surname: _____

First Names: _____

Date of Birth: ____/____/____

IRD No: ____/____/____

Residential Address: _____

Postal Address: _____
(If Different from above) _____

Phone: Hm: (____) _____ Wk: (____) _____

Mobile: (____) _____

Email: _____

SIGNATURE:

Identification: One of the following **original** documents below must be provided. Any other identification must be approved by the General Manager. If the application to open an account is made otherwise than in person at an HBS location, a copy of one of the below documents certified true and correct by a J.P. or Solicitor will generally be acceptable. We do not open accounts for overseas residents unless opened in person at one of our branches.
 Drivers Licence Passport Firearms Licence
 Sighted original identification and photocopy attached

SECTION TEN: (All Current Account Signatories to sign Authorisation)

Please make _____ (who is a signatory on the account) the member for this account.

SECTION ELEVEN: COMPULSORY

NOTE: Sections One, Four, Six, Eight, Nine and Ten (as indicated) require ALL Account Signatories prior to the above changes to sign this form as authorisation before these changes can be actioned.

.....
Signature(s) of Authorised Account Signatory(s)

LOADED: _____