Adviser Information Form



Please provide the details for your adviser and the fee structure agreed.

Full Name Garrison Bridge Member Number* *should you not know you member number please leave this field blank Adviser Details Adviser Name Adviser Postal Address City Country Postcode	Member Details			
Adviser Details Adviser Name Adviser Company Adviser Postal Address Postcode City Country Postcode Adviser Email Address Postcode	Full Name		Garris	on Bridge Member Number*
Adviser Name Adviser Company City Country Adviser Email Address Fostcode				
Adviser Postal Address City Country Postcode Adviser Email Address Final Address Final Address	Adviser Details			
City Country Postcode Adviser Email Address	Adviser Name		Advise	er Company
City Country Postcode Adviser Email Address				
Adviser Email Address	Adviser Postal Address	5		
Adviser Email Address				
	City		Country	Postcode
Initial Transfer Fee Annual Fee Adviser Signature	Adviser Email Address			
Initial Transfer Fee Annual Fee Adviser Signature				
	Initial Transfer Fee	Annual Fee	Adviser S	ignature
%		%	%	
Member Signature	Member Signatu	ге		
Member Signature Date (DD/MM/YYYY)	Member Signature			Date (DD/MM/YYYY)

Sending Your Application

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Please post or courier all original completed forms and supporting documents to our service centre:

- Post: PO Box 10760, Wellington 6140, New Zealand
- **Courier:** Level 3, 120 Featherston Street, Wellington 6011, New Zealand

Contact Details

Website: www.garrisonbridge.co.nz
Email: super@garrisonbridge.co.nz
Phone: 0800 254 338