

Adviser Information Form



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

Member Details

Full Name

Garrison Bridge Member Number*

*should you not know you member number please leave this field blank

Adviser Details

Adviser Name

Adviser Company

Adviser Postal Address

City

Country

Postcode

Adviser Email Address

Initial Transfer Fee

Annual Fee

Adviser Signature

%

%

Member Signature

Please note when nominating a new Financial Adviser, we will inform your previous Financial Adviser of your request and remove them from accessing information on your account.

Member Signature

Date (DD/MM/YYYY)

Sending Your Application

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 5, 139 The Terrace,
Wellington 6011, New Zealand

Contact Details

Website: www.garrisonbridge.co.nz

Email: super@garrisonbridge.co.nz

Phone: 0800 254 338

