Application Form

NZ Funds KiwiSaver Scheme Product Disclosure Statement dated 11 November 2019.

Return to Freepost NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkiwi@linkmarketservices.com.

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2 Investment options (Please select one only*)
 LifeCycle - Under the LifeCycle option, your investment is automatically allocated across the Income, Inflation and Growth Strategies each year based on your age. OR SelfSelect - I wish to choose my own Strategy allocations as follows: % allocation
Income Strategy
Growth Strategy
Total 100% * If neither option is ticked, your investment will be allocated according to LifeCycle. For details on LifeCycle and each Strategy, see the Product Disclosure Statement.
3 Employment status (Please select one only)
Employed Self employed Not employed Minor (under 16 years old) Minor (16 to 18 years old) Vot employed Occupation Vot employed Vot employed
Employer name (if applicable)
4 Payment options (Please select one or more)
 I wish to contribute from my salary and wages: 3% 4% 6% 8% 10% If you are employed and new to KiwiSaver, please ensure you complete the KiwiSaver deduction form (KS2) and provide this to your employer. A copy of this form is available either from your employer or from the Inland Revenue website. I wish to make a lump sum contribution of s by way of cheque. Please make any cheques payable to NZ Guardian Trust - NZ Funds KiwiSaver Scheme marked 'Account Payee Only'. I wish to make regular contributions per the completed Direct Debit Form attached.
Continued over

16 NZ FUNDS KIWISAVER SCHEME :: PRODUCT DISCLOSURE STATEMENT :: 11 NOVEMBER 2019 :: APPLICATION FORM

5 | Applicant declaration

By signing this Application Form, I confirm that:

- All details provided in this Application Form are correct.
- I have received, read and understood the Product Disclosure Statement (PDS) dated 11 November 2019 to which this Application Form was attached. I understand that additional information about the NZ Funds KiwiSaver Scheme is available on the online register entry at disclose-register.companiesoffice. govt.nz.
- I agree to be bound by the terms and conditions contained in the PDS (including this Application Form), the Trust Deed (as amended from time to time) and the online register entry.
- I understand that personal information provided in this Application Form and any personal information provided by me in the future will be used by NZ Funds, the Administration Manager and the Supervisor, and any related companies of these parties, together with my financial adviser, for administering the investment, including satisfying the requirements of the AML/CFT Act (this may include using my personal information for the purpose of electronic identity verification using various third party databases including the Department of Internal Affairs database).
 I understand my personal information may also be shared with relevant authorities including Inland Revenue. NZ Funds may also use my personal information to provide me with information about other products and services. I acknowledge that I have the right to access and correct this information.

- I authorise NZ Funds to disclose personal information to the Financial Markets Authority as may be required from time to time under the Financial Markets Conduct Act 2013 or any other law.
- I understand that the distributor through which I joined the Scheme (if applicable) may be remunerated by NZ Funds for distributing the Scheme.
- I consent to NZ Funds and the Administration Manager communicating with me, and providing me with information, by electronic means (i.e. by email, as provided by me, and/or by providing me with a URL link, or with information through an electronic facility). These communications may include, but not be limited to, general correspondence, investment updates, and legally required communications or documents (including annual reports, annual member statements (confirmation information), and annual tax statements).
- I meet the eligibility criteria for joining the NZ Funds KiwiSaver Scheme set out in the PDS.
- I confirm my selected PIR is correct.
- I understand the value of my investment in the Scheme can rise and fall depending on market conditions and other circumstances prevailing at the time, and that there is no promise or guarantee made by any person as to the performance of any investment or the return of any funds invested.

signature	day	m	onth	year		

I/we declare that I/we have read and accept the applicant declaration above on behalf of the person named in this Application Form

Parent/guardian signature*

Signature (if applicant is 16 years or older)

signature	day	month	n year		
Parent/guardian signature*					
signature	day	month	n year		

* If the applicant is under the age of 16, both parents/all legal guardians/one Oranga Tamariki guardian must sign the Application Form. If the applicant is 16 or 17, one parent/legal guardian (including Oranga Tamariki guardian) must sign the Application Form.

Important

- The AML/CFT Act requires verification of identity of the applicant. Please ensure the relevant identity information on the following
 pages is completed in full.
- · Each parent or guardian signing on behalf of a minor must also complete an 'Identity Information for a Parent or Guardian' form.

Adviser use only

adviser name	adviser FSP number
adviser company	adviser code

Continued over...

6 | Identity verification

NZ Funds is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act) to collect identity and address information on its clients.

All new clients must complete identity and address verification and provide the appropriate documents.

Existing clients may be required to complete identity and address verification or update their identity documents. NZ Funds or your financial adviser will advise if this is required.

There are three options to complete identity verification:

Please tick option selected.

Option 1	
Electronic identity verification by your financial adviser	 You do not need to complete section 6. Your financial adviser will need to attach a completed Electronic Verification Certificate.
Option 2	
Documents verified face-to-face by your financial adviser or an NZ Funds employee*	 Please complete section 6A and take your original documents along to your financial adviser or an NZ Funds office to have section 6C(i) completed.
Option 3	
Documents certified face-to-face by a Trusted Referee** AND Verified by your financial adviser or an NZ Funds employee*	 Please complete section 6A and take your original documents along to a Trusted Referee to certify your documents and complete section 6B. Please send the original certified copies to your financial adviser who will verify these and complete section 6C(ii). If you do not have a financial adviser, please send this form and original certified copies to: New Zealand Funds Management Limited, Private Bag 92226, Auckland, 1142.

* To complete verification, the adviser, employee or other authorised person must be listed on NZ Funds' Register of Individuals Authorised to Perform CDD'.

** A **Trusted Referee** must be either a Justice of the Peace, Lawyer, Notary Public, Chartered Accountant, Registered medical doctor or Registered teacher. A Trustee Referee cannot:

- Be your spouse or partner;
- Be related to you;
- Live at the same address as you; or
- Be involved in the transaction or business requiring certification.

Where documents are being certified outside of New Zealand, your Trusted Referee must be a person who is authorised to take statutory declarations under the laws of the country, state or territory where the documents are being certified.

Important

- Document certification by a Trusted Referee must occur no earlier than three months prior to the date of presentation.
- Please ensure certified copies of the original documents are attached to this form.
- Where an individual is unable to supply documents as required, please contact NZ Funds on **0508 733 337** or via email at **clientservices@nzfunds.co.nz**.

6A Documentary identity	verification	
Identity verification To verify your identity, select ONE	of the ID combinations and tick which document(s) you are providing below:
ID Combination 1	ID Combination 2	ID Combination 3
Passport OR	NZ driver licence	NZ driver licence OR
NZ firearms licence	And ONE of the documents listed below:	18+/Kiwi Access card
	Credit, debit or eftpos card (including name and signature)	And ONE of the documents listed below:
	Bank statement	Full birth certificate
	Government agency document (e.g. IRD correspondence)	Citizenship certificate
Bank or financial institution Utility document (e.g. electrici Digital versions of utility and hous	ty, gas, water, landline telephone or Sky TV) Gove	s or house insurance document ernment agency document (e.g. IRD correspondence) w you to be responsible for a fixed non-movable service at ceptable for address verification but can be provided for
For persons under 18 years of age If none of the identity options are a Birth certificate 6B Certification by a Trus	available, please provide: If none of the r	esidential address options are available, please provide: f the parent's or guardian's address where the esides.
OB Certification by a rus		
This section is to be completed if	documents are not being verified face-to-face by	y your financial adviser or an NZ Funds employee.
name		
		confirm that
 I have seen the original docume of the applicant. 	nts selected above, each of which represents the i	dentity (i.e. name, date of birth and residential address)
I have signed copies of those do	ocuments and attached these to this form. attached are true copies of the original document g):	s of the applicant seen by me today.
Justice of the Peace	Notary Public	Registered medical doctor
Lawyer	Chartered Accountant	Registered teacher
signature of Trusted Referee		day month year
		Continued over

6C | Verification by your financial adviser or an NZ Funds employee*

This section must be completed. Please select as appropriate.

6C(i) Documents verified face-to-face

I have met the applicant face-to-face and have seen the original documents selected, each of which represents the identity (i.e. name, date of birth and residential address) of the applicant, in accordance with the AML/CFT Act. Copies of the selected documents are attached to this form.

OR

6C(ii) Documents certified by Trusted Referee

I have verified the documents which have been certified by a Trusted Referee and have verified the identity information of the applicant in accordance with the AML/CFT Act. Copies of the certified documents are attached to this form.

day

month

year

Signature

name of financial adviser / NZ Funds employee*

signature of financial adviser / NZ Funds employee*

* To complete verification, the adviser, employee or other authorised person must be listed on NZ Funds 'Register of Individuals Authorised to Perform CDD'.

Identity Information for a Parent or Guardian

NZ Funds KiwiSaver Scheme Product Disclosure Statement dated 11 November 2019.

NZ Funds is required by the AML/CFT Act to collect identity and address information on its clients. Each parent or guardian signing on behalf of a minor must complete this form and provide identity documents as described below.

Return to Freepost NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkiwi@linkmarketservices.com.

1| Parent/guardian details

pplicant (minor's) name		
le first name	middle name(s)	surname
rent/guardian details		
a me le first name	middle name(s)	surname
		Date of birth
lationship to minor		day month year
esidential address (not reet	PO Box)	
burb	town/city	postcode

 $\hat{}$ Birth certificate or guardianship order of a minor $\,$ OR $\,$ $(\,$ $\,$ Other document evidencing authority

2 | Identity verification

NZ Funds is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act) to collect identity and address information on its clients.

All new clients must complete identity and address verification and provide the appropriate documents.

Existing clients may be required to complete identity and address verification or update their identity documents. NZ Funds or your financial adviser will advise if this is required.

There are three options to complete identity verification:

Please tick option selected.

Option 1	
Electronic identity verification by your financial adviser	 You do not need to complete section 2. Your financial adviser will need to attach a completed Electronic Verification Certificate.

Continued over...

Option 2

Documents verified face-to-face by your financial adviser or an NZ Funds employee* Please complete section 2A and take your original documents along to your financial adviser or an NZ Funds office to have section 6C(i) completed.

Option 3

Documents certified face-to-face by a Trusted Referee** AND

- Please complete section 2A and take your original documents along to a Trusted Referee to certify your documents and complete section 2B.
- Verified by your financial adviser or an NZ Funds employee*
- Referee to certify your documents and complete section 2B.
 Please send the original certified copies to your financial adviser who will verify these and complete section 2C(ii). If you do not have a financial adviser, please send this form and original certified copies to: New Zealand Funds Management Limited, Private Bag
- * To complete verification, the adviser, employee or other authorised person must be listed on NZ Funds' Register of Individuals Authorised to Perform CDD'.

*** A **Trusted Referee** must be either a Justice of the Peace, Lawyer, Notary Public, Chartered Accountant, Registered medical doctor or Registered teacher. A Trustee Referee cannot:

92226, Auckland, 1142.

- Be your spouse or partner;
- · Be related to you;
- Live at the same address as you; or
- Be involved in the transaction or business requiring certification.

Where documents are being certified outside of New Zealand, your Trusted Referee must be a person who is authorised to take statutory declarations under the laws of the country, state or territory where the documents are being certified.

Important

- Document certification by a Trusted Referee must occur no earlier than three months prior to the date of presentation.
- Please ensure certified copies of the original documents are attached to this form.
- Where an individual is unable to supply documents as required, please contact NZ Funds on **0508 733 337** or via email at clientservices@nzfunds.co.nz.

2A | Documentary identity verification

Identity verification

To verify your identity, select ONE of the ID combinations and tick which document(s) you are providing below:

ID Combination 1	ID Combination 2	ID Combination 3
Passport OR	NZ driver licence	NZ driver licence OR
NZ firearms licence	And ONE of the documents listed below:	18+/Kiwi Access card
	Credit, debit or eftpos card (including name and signature)	And ONE of the documents listed below:
	Bank statement	Full birth certificate
	Government agency document (e.g. IRD correspondence)	Citizenship certificate

Residential address verification	
Residential address verification	
To verify your residential address, select ONE of the options below. Th	is document must be no more than six months old.
Bank or financial institution statement	Rates or house insurance document
Utility document (e.g. electricity, gas, water, landline telephone or Sky TV)	Government agency document (e.g. IRD correspondence)
Digital versions of utility and house insurance documents are accepta	ble if they show you to be responsible for a fixed non-movable service at
the address (digital bank statements and Government agency docume	ents are not acceptable for address verification but can be provided for
identity verification.)	
2B Certification by a Trusted Referee	
This section is to be completed if documents are not being verified	face-to-face by your financial adviser or an NZ Funds employee.
name	confirm that
	contain the
 I have seen the original documents selected above, each of which re of the parent/guardian. 	epresents the identity (i.e. name, date of birth and residential address)
I have signed copies of those documents and attached these to this	s form.
• The copies of those documents attached are true copies of the orig	ginal documents of the parent/guardian seen by me today.
I am a (tick ONE of the following):	
Justice of the Peace Notary Public	Registered medical doctor
Chartered Accountant	Registered teacher
signature of Trusted Referee	day month year
2C Verification by your financial adviser or an NZ Fur	nds employee*
This section must be completed. Please select as appropriate.	
This section must be completed. Please select as appropriate. 2C(i) Documents verified face-to-face	
2C(i) Documents verified face-to-face I have met the parent/guardian face-to-face and have seen the	original documents selected, each of which represents the identity guardian, in accordance with the AML/CFT Act. Copies of the selected
2C(i) Documents verified face-to-face I have met the parent/guardian face-to-face and have seen the (i.e. name, date of birth and residential address) of the parent/g documents are attached to this form.	original documents selected, each of which represents the identity guardian, in accordance with the AML/CFT Act. Copies of the selected
 2C(i) Documents verified face-to-face I have met the parent/guardian face-to-face and have seen the (i.e. name, date of birth and residential address) of the parent/g documents are attached to this form. OR 	
 2C(i) Documents verified face-to-face I have met the parent/guardian face-to-face and have seen the (i.e. name, date of birth and residential address) of the parent/g documents are attached to this form. OR 2C(ii) Documents certified by Trusted Referee 	guardian, in accordance with the AML/CFT Act. Copies of the selected
 2C(i) Documents verified face-to-face I have met the parent/guardian face-to-face and have seen the (i.e. name, date of birth and residential address) of the parent/g documents are attached to this form. OR 	guardian, in accordance with the AML/CFT Act. Copies of the selected usted Referee and have verified the identity information of the
 2C(i) Documents verified face-to-face I have met the parent/guardian face-to-face and have seen the (i.e. name, date of birth and residential address) of the parent/g documents are attached to this form. OR 2C(ii) Documents certified by Trusted Referee 	guardian, in accordance with the AML/CFT Act. Copies of the selected usted Referee and have verified the identity information of the
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 2C(i) Documents verified face-to-face I have met the parent/guardian face-to-face and have seen the (i.e. name, date of birth and residential address) of the parent/g documents are attached to this form. OR 2C(ii) Documents certified by Trusted Referee 	guardian, in accordance with the AML/CFT Act. Copies of the selected usted Referee and have verified the identity information of the
2C(i) Documents verified face-to-face I have met the parent/guardian face-to-face and have seen the (i.e. name, date of birth and residential address) of the parent/g documents are attached to this form. OR 2C(ii) Documents certified by Trusted Referee I have verified the documents which have been certified by a Truparent/guardian in accordance with the AML/CFT Act. Copies of Signature name of financial adviser /NZ Funds employee*	guardian, in accordance with the AML/CFT Act. Copies of the selected usted Referee and have verified the identity information of the of the certified documents are attached to this form.
2C(i) Documents verified face-to-face I have met the parent/guardian face-to-face and have seen the (i.e. name, date of birth and residential address) of the parent/g documents are attached to this form. OR 2C(ii) Documents certified by Trusted Referee I have verified the documents which have been certified by a Truparent/guardian in accordance with the AML/CFT Act. Copies of Signature name of financial adviser / NZ Funds employee* signature of financial adviser / NZ Funds employee*	guardian, in accordance with the AML/CFT Act. Copies of the selected usted Referee and have verified the identity information of the of the certified documents are attached to this form.
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Identity Information for a Parent or Guardian

NZ Funds KiwiSaver Scheme Product Disclosure Statement dated 11 November 2019.

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Return to Freepost NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkiwi@linkmarketservices.com.

1| Parent/guardian details

pplicant (minor's) nai	ne	
tle first name	middle name(s)	surname
rent/guardian detai	ls	
ime		
le first name	middle name(s)	surname
		Date of birth
lationship to minor		day month year
· · ·		
sidential address (n	ot PO Box)	
eet		
burb	town/city	postcode
burb		

Birth certificate or guardianship order of a minor **OR** Other document evidencing authority

2 | Identity verification

NZ Funds is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act) to collect identity and address information on its clients.

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Please tick option selected.

Option 1	
Electronic identity verification by your financial adviser	 You do not need to complete section 2. Your financial adviser will need to attach a completed Electronic Verification Certificate.

Continued over...

Option 2

Documents verified face-to-face by your financial adviser or an NZ Funds employee* Please complete section 2A and take your original documents along to your financial adviser or an NZ Funds office to have section 6C(i) completed.

Option 3

Documents certified face-to-face by a Trusted Referee** AND • Please complete section 2A and take your original documents along to a Trusted Referee to certify your documents and complete section 2B.

Verified by your financial adviser or an NZ Funds employee* Referee to certify your documents and complete section 2B.
Please send the original certified copies to your financial adviser who will verify these and complete section 2C(ii). If you do not have a financial adviser, please send this form and original certified copies to: New Zealand Funds Management Limited, Private Bag

* To complete verification, the adviser, employee or other authorised person must be listed on NZ Funds' Register of Individuals Authorised to Perform CDD'.

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92226, Auckland, 1142.

- Be your spouse or partner;
- Be related to you;
- Live at the same address as you; or
- Be involved in the transaction or business requiring certification.

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Important

- Document certification by a Trusted Referee must occur no earlier than three months prior to the date of presentation.
- Please ensure certified copies of the original documents are attached to this form.
- Where an individual is unable to supply documents as required, please contact NZ Funds on **0508 733 337** or via email at clientservices@nzfunds.co.nz.

2A | Documentary identity verification

Identity verification

To verify your identity, select **ONE** of the ID combinations and tick which document(s) you are providing below:

ID Combination 1	ID Combination 2	ID Combination 3
Passport OR	NZ driver licence	NZ driver licence OR
NZ firearms licence	And ONE of the documents listed below:	18+/Kiwi Access card
	Credit, debit or eftpos card (including name and signature)	And ONE of the documents listed below:
	Bank statement	Full birth certificate
	Government agency document (e.g. IRD correspondence)	Citizenship certificate

	verify your residential address, select ONE of the options below. This do Bank or financial institution statement Utility document (e.g. electricity, gas, water, landline telephone or Sky TV) gital versions of utility and house insurance documents are acceptable if address (digital bank statements and Government agency documents an ntity verification.) B Certification by a Trusted Referee is section is to be completed if documents are not being verified face- name I have seen the original documents selected above, each of which repress of the parent/guardian. I have signed copies of those documents and attached these to this forr The copies of those documents attached are true copies of the original	Rates or house insurance documer Government agency document (e.g. hey show you to be responsible for a free not acceptable for address verificat o-face by your financial adviser or an confirm that ents the identity (i.e. name, date of birt ocuments of the parent/guardian seer	IRD correspondence) ixed non-movable service ion but can be provided fo NZ Funds employee.
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Direct Debit Form

Return to Freepost NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkiwi@linkmarketservices.com.

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Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:

- the dates of the debits, and
- the amount of each direct debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice:

- no less than 30 calendar days before the change, or
- if the initiator's bank agrees, no less than 10 calendar days before the change.

NZFUNDS

New Zealand Funds Management Limited

Auckland

Level 16, Zurich House 21 Queen Street Private Bag 92163, Auckland 1142 New Zealand

> Phone 09 377 2277 info@nzfunds.co.nz www.nzfunds.co.nz