

Application Form

NZ Funds KiwiSaver Scheme Product Disclosure Statement dated 21 October 2020.

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

1 | Applicant details

Name

Title	First name	Middle name(s)	Surname

Date of birth

Day	Month	Year

Residential address (not PO box)

Street

Suburb	Town / city	Postcode

Postal address (if different)

Street/PO box

Suburb	Town / city	Postcode

Phone number(s)

Mobile	Home	Business
	()	()

Email

If you supply an email address, we will send you information relating to your investment by electronic means. We suggest using your personal rather than work email address as this is less likely to change over time.

No email

Are you a member of another KiwiSaver scheme?

Yes
 No/I don't know
 If Yes, please name the scheme.

IRD number

Prescribed Investor Rate (PIR) (please select one rate only)

10.5%
 17.5%
 28%

You must provide your IRD number and select a PIR for this investment. The amount of tax you pay on your NZ Funds KiwiSaver Scheme investment is based on your PIR.

To determine your PIR, go to www.ird.govt.nz/roles/portfolio-investment-entities/using-prescribed-investor-rates. If a rate is not selected, the default rate of 28% will apply. See section 6 of the Product Disclosure Statement 'What taxes will you pay?' for more information.

Continued over...

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	<input type="text"/>
Inflation Strategy	<input type="text"/>
Growth Strategy	<input type="text"/>
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)

Occupation

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 \$ 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...

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 21 October 2020 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 (if applicant is 16 years or older)

Signature

Day Month Year

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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

Day Month Year

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Parent/guardian signature*

Signature

Day Month Year

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* 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, a Lawyer, a Notary Public, a Chartered Accountant, a Registered medical doctor or a Registered teacher. A Trusted 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.

Continued over...

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

- Passport **OR**
 NZ firearms licence

ID Combination 2

- NZ driver licence
And **ONE** of the documents listed below:
 Credit, debit or eftpos card
(including name and signature)
 Bank statement
 Government agency document
(e.g. IRD correspondence)

ID Combination 3

- NZ driver licence **OR**
 18+ card/Kiwi Access card
And **ONE** of the documents listed below:
 Full birth certificate
 Citizenship certificate

Residential address verification

To verify your residential address, select **ONE** of the options below. This 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 acceptable if they show you to be responsible for a fixed non-movable service at the address (digital bank statements and Government agency documents are not acceptable for address verification but can be provided for identity verification.)

For persons under 18 years of age

If none of the identity options are available, please provide:

- Birth certificate

If none of the residential address options are available, please provide:

- Proof of the parent's or guardian's address where the minor resides.

6B | 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
I confirm that

- I have seen the original documents selected above, each of which represents the identity (i.e. name, date of birth and residential address) of the applicant.
- I have signed copies of those documents and attached these to this form.
- The copies of those documents attached are true copies of the original documents of the applicant seen by me today.
- I am a (tick **ONE** of the following):

- Justice of the Peace
 Notary Public
 Registered medical doctor
 Lawyer
 Chartered Accountant
 Registered teacher

Signature of trusted referee

Day Month Year

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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.

Signature

Name of financial adviser/NZ Funds employee*

Signature of financial adviser/NZ Funds employee*

Day Month Year

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* 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 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 nzfkwiwi@linkmarketservices.com.

1 | Parent/guardian details

Applicant (minor) details

Minor's name

Parent/guardian details

Name

Title First name Middle name(s) Surname

Relationship to minor

Date of birth

Day Month Year

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Residential address (not PO box)

Street

Suburb

Town / city

Postcode

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Please provide a copy of one of the following documents showing you to be a parent or guardian:

- 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 2C(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 2A and take your original documents along to a Trusted 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 your 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, a Lawyer, a Notary Public, a Chartered Accountant, a Registered medical doctor or a Registered teacher. A Trusted 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.

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

- Passport **OR**
- NZ firearms licence

ID Combination 2

- NZ driver licence
- And **ONE** of the documents listed below:
- Credit, debit or eftpos card (including name and signature)
 - Bank statement
 - Government agency document (e.g. IRD correspondence)

ID Combination 3

- NZ driver licence **OR**
 - 18+ card
- And **ONE** of the documents listed below:
- Full birth certificate
 - Citizenship certificate

Residential address verification

To verify your residential address, select **ONE** of the options below. This 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 acceptable if they show you to be responsible for a fixed non-movable service at the address (digital bank statements and Government agency documents are not acceptable for address verification but can be provided for identity verification.)

Continued over...

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
I confirm that

- I have seen the original documents selected above, each of which represents the identity (i.e. name, date of birth and residential address) of the Individual.
- I have signed copies of those documents and attached them to this form.
- The copies of those documents attached are true copies of the original documents of the Individual seen by me today.
- I am a (tick **ONE** of the following):

Justice of the Peace

Notary Public

Registered medical doctor

Lawyer

Chartered Accountant

Registered teacher

Signature of trusted referee

Day Month Year

--	--	--	--	--	--	--	--	--	--

2C | Verification by your financial adviser or an NZ Funds employee*

This section must be completed. Please select as appropriate.

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 (i.e. name, date of birth and residential address) of the parent/guardian, in accordance with the AML/CFT Act. Copies of the selected documents are attached to this form.

2C(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 parent/guardian in accordance with the AML/CFT Act. Copies of the certified documents are attached to this form.

Signature

Name of financial adviser/NZ Funds employee*

Signature of financial adviser/NZ Funds employee*

Day Month Year

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* 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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Identity information for a parent or guardian

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.

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1 | Parent/guardian details

Applicant (minor) details

Minor's name

Parent/guardian details

Name

Title First name Middle name(s) Surname

Relationship to minor

Date of birth

Day Month Year

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Residential address (not PO box)

Street

Suburb

Town / city

Postcode

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Please provide a copy of one of the following documents showing you to be a parent or guardian:

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

2 | Identity verification

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There are **three options** to complete identity verification:

Please tick option selected.

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- 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 2C(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 2A and take your original documents along to a Trusted 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 your form and original certified copies to: New Zealand Funds Management Limited, Private Bag 92226, Auckland, 1142.

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2A | Documentary identity verification

Identity verification

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- Passport **OR**
- NZ firearms licence

ID Combination 2

- NZ driver licence
- And **ONE** of the documents listed below:
- Credit, debit or eftpos card (including name and signature)
 - Bank statement
 - Government agency document (e.g. IRD correspondence)

ID Combination 3

- NZ driver licence **OR**
 - 18+ card
- And **ONE** of the documents listed below:
- Full birth certificate
 - Citizenship certificate

Residential address verification

To verify your residential address, select **ONE** of the options below. This 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 acceptable if they show you to be responsible for a fixed non-movable service at the address (digital bank statements and Government agency documents are not acceptable for address verification but can be provided for identity verification.)

Continued over...

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
I confirm that

- I have seen the original documents selected above, each of which represents the identity (i.e. name, date of birth and residential address) of the Individual.
- I have signed copies of those documents and attached them to this form.
- The copies of those documents attached are true copies of the original documents of the Individual seen by me today.
- I am a (tick **ONE** of the following):

Justice of the Peace

Notary Public

Registered medical doctor

Lawyer

Chartered Accountant

Registered teacher

Signature of trusted referee

Day Month Year

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2C | Verification by your financial adviser or an NZ Funds employee*

This section must be completed. Please select as appropriate.

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 (i.e. name, date of birth and residential address) of the parent/guardian, in accordance with the AML/CFT Act. Copies of the selected documents are attached to this form.

2C(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 parent/guardian in accordance with the AML/CFT Act. Copies of the certified documents are attached to this form.

Signature

Name of financial adviser/NZ Funds employee*

Signature of financial adviser/NZ Funds employee*

Day Month Year

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* 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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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.

NZ Funds KiwiSaver Scheme member name

Title	First Name	Middle Name(S)	Surname
[Empty text box]			

Member number

N	Z	F									
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IRD number

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I/we authorise you until further notice in writing to debit my/our account with \$ [] to be deducted

Weekly
 Fortnightly
 Monthly
 Quarterly
 Annually

Start date

Day	Month	Year
[]	[]	[]

Bank Instructions

Name of my/our account to be debited (acceptor)

[Empty text box]

Name of my/our bank

[Empty text box]

Bank	Branch	Account number	Suffix
[]	[]	[]	[]

Authority to accept direct debits

(Not to operate as an assignment or agreement)

Authorisation code

0	1	2	2	2	7	1
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Approved

2227	06/16
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Name of acceptor's bank

From the acceptor to [] (my/our bank):

I/we authorise you to debit my/our account with the amounts of direct debits from NZ Funds Management Limited with the authorisation code specified on this authority in accordance with this authority until further notice.

I/we agree that this authority is subject to:

- The bank's terms and conditions that relate to my/our account, and
- The specific terms and conditions listed over.

Information to appear on my/our bank statement

Payer particulars

N	Z	F	K	I	W	I	S	A	V	E	R
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Signature(s)

Signature [Empty text box]

Day	Month	Year
[]	[]	[]

Signature [Empty text box]

Day	Month	Year
[]	[]	[]

Continued over...

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.

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NZFUNDS

NEW ZEALAND FUNDS MANAGEMENT LIMITED

AUCKLAND

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

T. 09 377 2277
E. info@nzfunds.co.nz
www.nzfunds.co.nz

WELLINGTON

Level 3
Central on Midland Park
40 Johnston Street
Wellington 6140

CHRISTCHURCH

Level 1
203 Papanui Road
Merivale
Christchurch 8014

TIMARU

Level 1
2 Sefton Street East
Timaru

WANAKA

Level 2
Brownston House
21 Brownston Street
Wanaka 9305

DUNEDIN

Level 2
Bracken Court
480 Moray Place
Dunedin 9016

INVERCARGILL

46 Deveron Street
Invercargill 9810

