

Prescribed Investor Rate (PIR)

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.

PIR (select one)

10.5% 17.5% 28%

IRD number

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Electronic identity verification

You do not need to complete this section if you are completing face-to-face documentation (AML Form for an Individual (Form 1a)).

Please note that if we are unable to verify your identity electronically, we will contact you.

Option A – NZ passport

Passport number

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Passport expiry date

Day Month Year

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Option B – NZ driver licence

Licence number

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Licence expiry date

Day Month Year

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Licence version number

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Please note, if you are completing this form on behalf of a minor, please provide a photocopy of the minor's NZ birth certificate (mandatory) and if they hold one, a NZ passport.

Consent statement

I authorise my Adviser / NZ Funds to conduct identity checks for the purpose of complying with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML / CFT Act) and any other regulatory requirements (including specific and ongoing electronic identity verification checks) and to collect and use, and disclose to third-party providers of checking services, my personal information to perform such checks.

Signature

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Day Month Year

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2. Investment options (Please select one only*)

- Balanced Fund** If you choose the Balanced Fund your money will be invested in a single fund holding a balanced mix of income and growth assets and using a passive investment approach.
- Self Select** If you choose the Self Select option, you decide how much to invest in each of the Income, Inflation and Growth Strategies.

% Allocation

Income Strategy %

Inflation Strategy %

Growth Strategy %

Total %

- Life Cycle** Under the Life Cycle option, your investment is automatically allocated across the Income, Inflation and Growth Strategies each year based on your age.
* If you do not select an option your investment will be allocated according to Life Cycle.

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 by direct credit

- Yes** **No** If Yes, please enter amount. \$

Please use internet banking and select **NZ Funds KiwiSaver Scheme** from the list of payees under bill payments and complete your details and payment amount as instructed.

I wish to make regular contributions per the completed Direct Debit Form attached.

- Yes** **No**

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 17 March 2023 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/we authorise NZ Funds to conduct identity checks for the purpose of complying with the AML / CFT Act* and any other regulatory requirements (including specific and ongoing electronic identity verification checks) and to collect and use, and disclose to third-party providers of checking services, my personal information to perform such checks.
- 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 authorise NZ Funds to conduct identity checks for the purpose of complying with the AML / CFT Act* and any other regulatory requirements (including specific and ongoing electronic identity verification checks) and to collect and use, and disclose to third-party providers of checking services, my personal information to perform such checks.
- 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

* For further information regarding AML / CFT please refer to our Compliance Guidance Note available on our website at www.nzfunds.co.nz

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Identity information for a parent or guardian

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. Each parent or guardian signing on behalf of a minor must complete this form and provide identity documents as described below.

Use this form, if you are completing an application for a minor(s).

Once completed, attach this to the application form.

1. Applicant (minor) details

Name — minor 1

Title	First name	Middle name(s)	Surname

Name — minor 2

Title	First name	Middle name(s)	Surname

Name — minor 3

Title	First name	Middle name(s)	Surname

Name — minor 4

Title	First name	Middle name(s)	Surname

Please provide a copy of one of the following documents showing you to be a parent or the guardian of minor(s) listed above:

NZ birth certificate(s) or guardianship order(s) of a minor

OR

Other document(s) evidencing authority

Consent statement

I authorise my Adviser / NZ Funds to conduct identity checks for the purpose of complying with the AML / CFT Act and any other regulatory requirements (including specific and ongoing electronic identity verification checks) and to collect and use, and disclose to third-party providers of checking services, the minor(s) personal information to perform such checks.

Signature

Day

Month

Year

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2. Personal details — parent / guardian 1

Name			
Title	First name	Middle name(s)	Surname

Relationship to minor(s)	Occupation

Are you an existing client? If Yes, enter in your NZ Funds client number.	Date of birth Day Month Year	Country of birth

Citizenship(s)

Residential address (not PO box)		
Street		
Suburb	Town / City	Postcode

Phone number(s)		
Mobile	Home	Business

Email Required for access to our client portal.

Electronic identity verification

You do not need to complete this section if you are completing face-to-face documentation (AML Form for an Individual (Form 1a)).

Please note that if we are unable to verify your identity electronically, we will contact you.

Option A – NZ passport

Passport number

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Passport expiry date

Day Month Year

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Option B – NZ driver licence

Licence number

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Licence expiry date

Day Month Year

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Licence version number

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Consent statement

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Signature

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Day Month Year

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2. Personal details — parent / guardian 2

Name

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to minor(s)

Occupation

Are you an existing client?

If Yes, enter in your NZ Funds client number.

Date of birth

Day Month Year

Country of birth

Citizenship(s)

Residential address (not PO box)

Street

Suburb

Town / City

Postcode

Phone number(s)

Mobile

Home

Business

Email

Required for access to our client portal.

Electronic identity verification

You do not need to complete this section if you are completing face-to-face documentation (AML Form for an Individual (Form 1a)).

Please note that if we are unable to verify your identity electronically, we will contact you.

Option A – NZ passport

Passport number

Passport expiry date

Day Month Year

Option B – NZ driver licence

Licence number

Licence expiry date

Day Month Year

Licence version number

Consent statement

I authorise my Adviser / NZ Funds to conduct identity checks for the purpose of complying with the AML / CFT Act and any other regulatory requirements (including specific and ongoing electronic identity verification checks) and to collect and use, and disclose to third-party providers of checking services, my personal information to perform such checks.

Signature

Day Month Year

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 17 March 2023 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/we authorise NZ Funds to conduct identity checks for the purpose of complying with the AML / CFT Act* and any other regulatory requirements (including specific and ongoing electronic identity verification checks) and to collect and use, and disclose to third-party providers of checking services, my personal information to perform such checks.
- 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 authorise NZ Funds to conduct identity checks for the purpose of complying with the AML / CFT Act* and any other regulatory requirements (including specific and ongoing electronic identity verification checks) and to collect and use, and disclose to third-party providers of checking services, my personal information to perform such checks.
- 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

* For further information regarding AML / CFT please refer to our Compliance Guidance Note available on our website at www.nzfunds.co.nz



Direct Debit Form

Return to 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

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 details

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

Name of my/our bank

Bank	Branch	Account number	Suffix

Name of acceptor's bank

From the acceptor to (my/our bank):

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

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

Day	Month	Year

Signature

Day	Month	Year

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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Our investment approach

The NZ Funds KiwiSaver Scheme is designed to enable Members to accumulate wealth for their retirement. Members may also be able to also use some or all of their balance as a first home deposit or when facing financial hardship.

The Scheme aims to maximise the growth of Members' balances over the long term. To achieve this goal our Balanced Fund provides an entry level option using a passive investment management style, while our Strategies use an active investment management approach.

We build portfolios with allocations to shares and bonds (like other managers do) but then add, at times, significant exposures to additional asset classes such as derivatives, commodities, hedge funds, digital assets and other alternative assets, to seek to enhance gains or mitigate the downside.

Our use of derivatives also creates leverage by effectively allowing us to get a return on more money than has been invested with us. This means any gains on your investment are increased by the gains on those derivatives and any losses on your investment are also increased by the losses on those derivatives.

As a result, an investment in the NZ Funds KiwiSaver Scheme has particular risks associated with our investment approach. Scheme Members have the potential for greater gains – and losses – than Members of many other schemes.

We use a combination of asset class limits, guideline ranges and target investment mixes in the oversight of the Balanced Fund and the Strategies. These are designed to ensure the Balanced Fund and the Strategies invest in accordance with their investment objective and timeframe.

Before you join, NZ Funds recommends you speak to your financial adviser about whether the NZ Funds KiwiSaver Scheme is right for you and, if so, whether the Balanced Fund, Self Select or Life Cycle is most likely to meet your KiwiSaver objectives.

NZ Funds KiwiSaver Scheme offers three options

1 Balanced	2 Self Select	3 Life Cycle
	<p>Risk and return potential¹</p> 	
<p>The Balanced Fund is a zero management fee option available to everyone</p>	<p>Who's it for?</p> <p>Self Select allows you to customise your asset allocation to suit your needs</p>	<p>Our Life Cycle approach automatically adjusts your asset allocation as you age</p>
 <p>Fixed</p>	<p>Asset allocation¹</p>  <p>Manual</p>	 <p>Automated</p>
<p>Passive</p> <p>Passively managed with no downside mitigation</p>	<p>Management style</p> <p>Active</p> <p>Access to three actively managed strategies with downside mitigation</p>	<p>Active</p> <p>Automatic allocation into three actively managed strategies with downside mitigation</p>
 <p>All our funds are responsibly invested</p>	 <p>All our funds are responsibly invested</p>	 <p>All our funds are responsibly invested</p>
 <p>Access our call centre</p>	<p>What if I need advice?</p>  <p>Personal financial advice</p>	 <p>Personal financial advice</p>
<p>Management fees²</p> <p>0.00%</p>	<p>Management fees²</p> <p>1.12-1.65%</p>	<p>Management fees²</p> <p>1.39-1.60%</p>

1. Likelihood of a higher balance at retirement in Self Select will be highly impacted by Members' Strategy allocations over time. The Balanced Fund and the Strategies have different risk profiles. See pages 10 and 11 for more information on risk, or talk to your financial advice provider. 2. Estimated annual fund charges as disclosed in this PDS.



**New Zealand Funds
Management Limited**

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**Auckland
Wellington
Christchurch
Timaru
Dunedin
Invercargill**