NZ Funds KiwiSaver Scheme

# Application Form

**NZ Funds KiwiSaver Scheme Product Disclosure Statement dated 12 December 2024.**

If this application is on behalf of a minor (applicant aged 17 and under), please also complete the Identity information for a parent or guardian form which is available on request.

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

### Are you a member of another KiwiSaver scheme?

☐ Yes ☐ No / I don't know

If Yes, please name the scheme

Scheme name

## 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**

## Electronic identity verification (NZ residents only)

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

If you, or the person you are completing this application on behalf of, do not have a NZ Passport or NZ Driver Licence, you must complete an AML Form for an Individual (Form 1a) - Documentary.

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

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.

☐ **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 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

Day Month Year

## 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 | 100% |

☐ **Auto rebalance** — If you choose this option, we will automatically rebalance your portfolio to your chosen allocation annually on the 1st of October.

☐ **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 12 December 2024 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 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 confirm that upon downloading the NZ Funds Digital Wallet, or registering for myNZFunds, I consent to receiving transaction information relating to our investment in the NZ Funds KiwiSaver Scheme via the NZ Funds Digital Wallet or myNZFunds.**

  ☐ Tick this box if you DO NOT wish to receive information from NZ Funds via electronic means.
- 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 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

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

### Parent / guardian signature*

Signature | Day | Month | 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

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