NZ Funds Wealth Builder

Entity Account
Application Form

NZ Funds Wealth Builder Product Disclosure Statement dated 12 December 2024.

Use this form if you are investing in the name of an entity, such as a trust, estate, company or partnership.

We will also require you to complete the relevant Anti-Money Laundering (AML) forms, where applicable, which are available on our website www.nzfunds.co.nz.

Return to New Zealand Funds Management Limited, Private Bag 92226, Victoria Street West, Auckland 1142, or by email to registry@nzfunds.co.nz.

1. Account details

Account name

Are you an existing client?

If Yes, enter in your NZ Funds client number.

Postal address

Street / PO Box

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

Required for access to our client portal.

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

Prescribed Investor Rate (PIR)

You must select a PIR and provide the Entity's IRD number. If this is not completed, the Application Form cannot be processed.

To determine the appropriate PIR, go to www.ird.govt.nz/roles/portfolio-investment-entities/using-prescribed-investor-rates.
See section 6 of the Product Disclosure Statement 'What taxes will you pay?' for more information.

PIR (select one)

☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28%

IRD Number

Bank account details

Please provide details for one bank account into which all deposits and withdrawal payments, including any distributions, will be made.
Please attach a deposit slip or other confirmation of your bank account details. The bank account should be in the same name as your NZ Funds account.

Bank account name

Bank | Branch

Bank | Branch | Account | Suffix

2. Entity details

Full name (if different from account name)

Is the Entity a New Zealand tax resident?

☐ Yes ☐ No

Country of establishment

Is the Entity a tax resident of any other country?

☐ Yes ☐ No If Yes, please provide country and Tax Identification number (TIN)*.

Countries of tax residence	Tax Identification number (TIN)*	Reason

* If a TIN is unavailable, please provide the appropriate reason A, B or C.

A – Country does not issue TINs. B – I have not been issued with a TIN. C – Country does not require TIN collection.

Is the Entity a Financial Institution?

☐ Yes ☐ No

Is the Entity an active non-financial entity?

☐ Yes ☐ No

For more information, see our Compliance Guidance Note available on our website at www.nzfunds.co.nz.

3. Controlling Persons

Please list all persons who are associated with the account, regardless of whether they will be signatories to the investment account.

A Controlling Person can be a natural person or an entity such as a trust or company.

Name	Trustee	Director	Settlor	Appointer/ Protector	Beneficiary**	Shareholder
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	Complete section 3			**Complete section 6***		

* Unless you are a person who is able to operate this investment account but not a Trustee or Director – please **complete section 3**.

** If the trust is a discretionary trust, beneficiary information need not be provided until a beneficiary receives a distribution from the trust. See our Compliance Guidance Note available on our website at www.nzfunds.co.nz for more information.

Nominee directors, shareholders or partners^ (in respect of any amount)

Does your entity have any nominee directors, shareholders or partners^?

☐ **Yes** ☐ **No** If yes, we may contact you for more information. You must tick one of the answers.

^ A nominee director or partner is someone who is a director or partner of the entity but who acts on the instructions of another person (the nominator). A nominee shareholder is someone who holds shares on behalf of another actual or beneficial owner (the nominator).

3A. Personal details — Controlling Person 1

This section must be completed by all Controlling Persons who are able to operate this investment account.

Name

Title | First name | Middle name(s) | Surname

Date of birth

Day | Month | Year

Country of birth

Citizenship(s)

Occupation

Residential address (not PO box)

Street

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

Required for access to our client portal.

Tax residency details

Are you a New Zealand tax resident?

☐ Yes ☐ No If Yes, please provide your IRD number.

IRD Number

Are you a US Person?

A US Person includes a US tax resident, citizen or permanent resident/Green Card holder.

☐ Yes ☐ No If Yes, please provide your US Tax Identification Number.

US Tax Identification Number

Are you a tax resident of any other country?

Not including New Zealand or the United States.

☐ Yes ☐ No If Yes, please provide the country and Tax Identification Number (TIN)*.

Countries of tax residence | Tax Identification Number (TIN)* | Reason

* If a TIN is unavailable, please provide the appropriate reason A, B or C.

A – Country does not issue TINs. **B** – I have not been issued with a TIN. **C** – Country does not require TIN collection.

Electronic identity verification (NZ residents only)

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

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 for an Individual (Form 1a) - Documentary Verification.

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

3B. Personal details — Controlling Person 2

This section must be completed by all Controlling Persons who are able to operate this investment account.

Name

Title | First name | Middle name(s) | Surname

Date of birth

Day | Month | Year

Country of birth

Citizenship(s)

Occupation

Residential address (not PO box)

Street

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

Required for access to our client portal.

Tax residency details

Are you a New Zealand tax resident?

☐ Yes ☐ No If Yes, please provide your IRD number.

IRD Number

Are you a US Person?

A US Person includes a US tax resident, citizen or permanent resident/Green Card holder.

☐ Yes ☐ No If Yes, please provide your US Tax Identification Number.

US Tax Identification Number

Are you a tax resident of any other country?

Not including New Zealand or the United States.

☐ Yes ☐ No If Yes, please provide the country and Tax Identification Number (TIN)*.

Countries of tax residence | Tax Identification Number (TIN)* | Reason

* If a TIN is unavailable, please provide the appropriate reason A, B or C.

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Electronic identity verification (NZ residents only)

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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 for an Individual (Form 1a) - Documentary Verification.

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

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Signature

Day Month Year

3C. Personal details — Controlling Person 3

This section must be completed by all Controlling Persons who are able to operate this investment account.

Name

Title | First name | Middle name(s) | Surname

Date of birth

Day | Month | Year

Country of birth

Citizenship(s)

Occupation

Residential address (not PO box)

Street

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

Required for access to our client portal.

Tax residency details

Are you a New Zealand tax resident?

☐ Yes ☐ No If Yes, please provide your IRD number.

IRD Number

Are you a US Person?

A US Person includes a US tax resident, citizen or permanent resident/Green Card holder.

☐ Yes ☐ No If Yes, please provide your US Tax Identification Number.

US Tax Identification Number

Are you a tax resident of any other country?

Not including New Zealand or the United States.

☐ Yes ☐ No If Yes, please provide the country and Tax Identification Number (TIN)*.

Countries of tax residence | Tax Identification Number (TIN)* | Reason

* If a TIN is unavailable, please provide the appropriate reason A, B or C.

A – Country does not issue TINs. **B** – I have not been issued with a TIN. **C** – Country does not require TIN collection.

Electronic identity verification (NZ residents only)

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

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 for an Individual (Form 1a) - Documentary Verification.

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

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Signature

Day Month Year

3D. Personal details — Controlling Person 4

This section must be completed by all Controlling Persons who are able to operate this investment account.

Name

Title | First name | Middle name(s) | Surname

Date of birth

Day | Month | Year

Country of birth

Citizenship(s)

Occupation

Residential address (not PO box)

Street

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

Required for access to our client portal.

Tax residency details

Are you a New Zealand tax resident?

☐ Yes ☐ No If Yes, please provide your IRD number.

IRD Number

Are you a US Person?

A US Person includes a US tax resident, citizen or permanent resident/Green Card holder.

☐ Yes ☐ No If Yes, please provide your US Tax Identification Number.

US Tax Identification Number

Are you a tax resident of any other country?

Not including New Zealand or the United States.

☐ Yes ☐ No If Yes, please provide the country and Tax Identification Number (TIN)*.

Countries of tax residence | Tax Identification Number (TIN)* | Reason

* If a TIN is unavailable, please provide the appropriate reason A, B or C.

A – Country does not issue TINs. **B** – I have not been issued with a TIN. **C** – Country does not require TIN collection.

Electronic identity verification (NZ residents only)

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

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 for an Individual (Form 1a) - Documentary Verification.

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

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Signature

Day Month Year

4. Investment options

	% Allocation
Income Strategy	%
Inflation Strategy	%
Growth Strategy	%
Total	100 %

◯ **Auto rebalance** If you choose this option, we will automatically rebalance your portfolio to it's target allocation.

Please note, your account must be established with NZ Funds before we can accept any funds for investment.

5. Payment options (Please select one or more)

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 Applications account from the list of registered payees. Complete your details and payment amount as instructed.

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

☐ **Yes** ☐ **No**

Important

Please note, your account must be established with NZ Funds before we can accept any funds for investment.

6. Other Controlling Persons

Those Controlling Persons who have completed section 3 or existing clients, do not have to complete this section.
All other Controlling Persons who have not completed sections 3 must complete below.

Controlling Persons are those who exercise control over the entity, including:

- Shareholders with more than 25% ownership
- Settlors
- Protectors
- Beneficiaries
- Any other natural person who can exercise control regardless of whether they exercise that control.

6A. Personal Details — Other Controlling Person 1

Name

Title | First name | Middle name(s) | Surname

Date of birth

Day | Month | Year

Country of birth

Citizenship(s)

Occupation

Residential address (not PO box)

Street

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

Required for access to our client portal.

Tax residency details

Are you a New Zealand tax resident?

☐ Yes ☐ No If Yes, please provide your IRD number.

IRD Number

Are you a US Person?

A US Person includes a US tax resident, citizen or permanent resident/Green Card holder.

☐ Yes ☐ No If Yes, please provide your US Tax Identification Number.

US Tax Identification Number

Are you a tax resident of any other country?

Not including New Zealand or the United States.

☐ Yes ☐ No If Yes, please provide the country and Tax Identification Number (TIN)*.

Countries of tax residence	Tax Identification Number (TIN)*	Reason

* If a TIN is unavailable, please provide the appropriate reason A, B or C.

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Electronic identity verification (NZ residents only)

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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 for an Individual (Form 1a) - Documentary Verification.

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

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Signature Day Month Year

6B. Personal details — Other Controlling Person 2

Name

Title | First name | Middle name(s) | Surname

Date of birth

Day | Month | Year

Country of birth

Citizenship(s)

Occupation

Residential address (not PO box)

Street

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

Required for access to our client portal.

Tax residency details

Are you a New Zealand tax resident?

☐ Yes ☐ No If Yes, please provide your IRD number.

IRD Number

Are you a US Person?

A US Person includes a US tax resident, citizen or permanent resident/Green Card holder.

☐ Yes ☐ No If Yes, please provide your US Tax Identification Number.

US Tax Identification Number

Are you a tax resident of any other country?

Not including New Zealand or the United States.

☐ Yes ☐ No If Yes, please provide the country and Tax Identification Number (TIN)*.

Countries of tax residence | Tax Identification Number (TIN)* | Reason

* If a TIN is unavailable, please provide the appropriate reason A, B or C.

A – Country does not issue TINs. **B** – I have not been issued with a TIN. **C** – Country does not require TIN collection.

Electronic identity verification (NZ residents only)

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

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 for an Individual (Form 1a) - Documentary Verification.

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

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Signature

Day Month Year

8. Terms and Conditions

By signing this Application Form, we confirm that:

- All details provided in this Application Form are correct.
- **We have received, read and understood the Product Disclosure Statement (PDS) dated 12 December 2024 which accompanies this Application Form. We understand that additional information about NZ Funds' Wealth Builder is available on the online register entry at disclose-register.companiesoffice.govt.nz.**
- We agree to be bound by the terms and conditions contained in the PDS, the Trust Deeds (as amended from time to time) and the online register entry.
- We understand that personal information provided in this Application Form and any personal information provided by us in the future will be used by NZ Funds and the Supervisor, and any related companies of these parties, together with our financial adviser, for administering the investment, including satisfying the requirements of the AML/CFT Act* (this may include using our personal information for the purpose of electronic identity verification using various third party databases including the Department of Internal Affairs database). We understand our personal information may also be shared with relevant authorities including Inland Revenue. NZ Funds may also use our personal information to provide us with information about other products and services. We acknowledge that we have the right to access and correct this information.
- We 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.
- 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.
- **We consent to NZ Funds communicating with us, and providing us with information, by electronic means (i.e. by email, as provided by us and/or by providing us 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 transaction confirmations, annual reports and annual tax statements).**
- **We confirm that we have downloaded the NZ Funds Digital Wallet, or have registered for myNZFunds, and we consent to receiving transaction information relating to our investment in NZ Funds Wealth Builder 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.
- We agree to comply with the Common Reporting Standards (FATCA & CRS)* regulations which include:
  - Agreeing to inform NZ Funds of any distributions made to beneficiaries that are not New Zealand Tax residents. This includes distributions from holdings that sit outside the NZ Funds Wealth Builder.
  - Agreeing to inform NZ Funds of any changes of tax residency status that apply to account holders and any controlling persons within 30 days.**
- NZ Funds, as Manager of NZ Funds' Wealth Builder, has the power under the Trust Deeds to redeem any units if it believes compliance of applicable laws (such as AML/CFT, FATCA and CRS)* has not been met. NZ Funds does not need to notify the affected unit holder before invoking this power. If NZ Funds chooses to redeem our units, the funds will be returned to the nominated bank account in the same name as NZ Funds' Wealth Builder account. Alternatively, the funds will be held in a non-interest bearing bank account.
- We confirm the selected PIR(s) for this account are correct.
- **We understand the value of our investment in the Strategies 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.**

Client signature(s)

To be signed by all Controlling Persons who have completed section 3.

Controlling Person 1

Day Month Year

Controlling Person 2

Day Month Year

Controlling Person 3

Day Month Year

Controlling Person 4

Day Month Year

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

** Controlling persons for CRS refers to trustees, settlors, protectors, beneficiaries, directors and shareholders.

Adviser use only

Adviser declaration

I confirm that I have provided the client with a copy of the Product Disclosure Statement dated 12 December 2024.

I confirm I am a financial adviser authorised to provide financial advice services in relation to this transaction, and that any upfront adviser fee and ongoing advice fee is:

- Authorised for deduction under an agreement with the Client; and
- The amount of the fee or fees does not exceed the amount(s) specified in the agreement with the Client.

Adviser name

Adviser FSP number

Adviser company

Adviser code

Adviser signature

Day Month Year