

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													
Postal address Street / PO Box													
Street / PO Box													
Suburb	Town / City	Postcode											
Phone number(s)													
Mobile Home	В	Business											
<b>Email</b> Required for access to our client portal.  We will send you information relating to your investment by electron. We suggest using your personal rather than work email address as to													
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)	IRD Number												
0% 10.5% 17.5%	28%												

Bank account details	
	osits and withdrawal payments, including any distributions, will be made. account details. The bank account should be in the same name as your NZ Funds account.
Bank account name	· · · · · · · · · · · · · · · · · · ·
Bank	Branch
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Bank Branch Account	Suffix
2. Entity details	
Full name (if different from account name)	
le the Entity o New Zeeland tay resident?	Country of actablishmout
	Country of establishment
Yes No	
Is the Entity a tax resident of any other country?	
Yes No If Yes, please provide country	ry and Tax Identification number (TIN)*.
Countries of tax residence	Tax Identification number (TIN)*
* 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 issue	d 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 who A Controlling Person can be a natural person or an entity such as a trust or co	,	e signatories t	o the investmer	nt account.										
Name	Trustee	Director	Settlor	Appointer/ Protector	Beneficiary**	Shareholder								
	Complete	ection 3		Complete	section 6*									
** If the trust is a discretionary trust, beneficiary information need not be pro	* 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 <sup>^</sup>	?												
Yes No If yes, we may contact you for more inform	nation. You must	tick one of the	e answers.											
^ A nominee director or partner is someone who is a director or partner of the (the nominator). A nominee shareholder is someone who holds shares on	•													

# **3A.** Personal details — Controlling Person **1**

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ntries	of tax residence	)								Tax Ide	entifica	tion N	umber	(TIN)*							F

Jpuon A	\ – NZ pass	port			Option	B – NZ drive	er licence	
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# 3B. Personal details — Controlling Person 2

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Option A – NZ pas	sport	Option	B – NZ driver licence	
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Passport expiry da	te	Licence	expiry date	
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(mandatory) and if they	hold one, a NZ passport.			
nt statement				

# **3C.** Personal details — Controlling Person 3

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Elect	ronic identity verification (NZ residents only)					
You do	o not need to complete this section if you are completing face-to	o-face document	ation (AML for an	Individual (Form 1a)	- Documentary Verification	۱).
	or the person you are completing this application on behalf of, of 1a) - Documentary Verification.	do not have a NZ	Passport or NZ Di	river Licence, you mu	ust complete an AML for ar	Individual
Please	note that if we are unable to verify your identity electronically, v	we will contact yo	u.			
	Option A – NZ passport		Option B -	NZ driver licenc	ce	
	Passport number		Licence nu	mber		
	Passport expiry date		Licence ex	piry date		
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			Licence ve	rsion number		
	Please note, if you are completing this form on behalf of a min please provide a photocopy of the minor's NZ birth certificate (mandatory) and if they hold one, a NZ passport.					
Cons	ent statement					
Act 20	orise my Adviser/NZ Funds to conduct identity checks for the pr 109 (AML/CFT Act) and any other regulatory requirements (incl se to third-party providers of checking services, my personal in	uding specific ar	d ongoing electro	onic identity verificati		
Signat	ure	Day Mo	nth Year			

# 3D. Personal details — Controlling Person 4

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Act 2	009 (AML/CF <sup>-</sup> ose to third-pa	T Act) and an	other regu	ulatory requir	ements (inclu	ding specif	ic and c	ngoing elect	ronic ident						
Signa	ture				С	ay	Month	n Year							
4. In	vestment	options													
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Ple	ase note, your	account mus	t be establ	ished with NZ	Z Funds before	e we can ac	cept an	y funds for in	vestment.						
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## 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		
Citizens	ship(s)				
Occupa	ation				
Resider	ntial address (not PO box)				
Suburb		Tow	n / City		Postcode
Phone r	number(s)				
Mobile		Home		Business	
Email	Required for access to our clier	nt portal.			

Tax residency details								
Are you a New Zealand tax resident?	IRD Number							
Yes No If Yes, please provide your IRD number.								
Are you a US Person?								
A US Person includes a US tax resident, citizen or permanent resident/Green Card holder.	us Tax Identification Number							
Yes No If Yes, please provide your 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	er (TIN)*.							
Countries of tax residence Tax Identificat	ion 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 If you, or the person you are completing this application on behalf of, do not have a NZ Passport o								
(Form 1a) - Documentary Verification.	A VE DIVEL Electrice, you must complete an AME for an individual							
Please note that if we are unable to verify your identity electronically, we will contact you.								
Option A – NZ passport Optio	Option B - NZ driver licence							
Passport number Licen	ce number							
Passport expiry date Licen	ce expiry date							
Day Month Year Day	Month Year							
	ce version number							
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.								
(manuatory) and it triey floid one, a NZ passport.								
Consent statement  I authorise my Adviser/NZ Funds to conduct identity checks for the purpose of complying with th	e Anti-Money Laundering and Countering Financing of Terrorism							
Act 2009 (AML/CFT Act) and any other regulatory requirements (including specific and ongoing disclose to third-party providers of checking services, my personal information to perform such or	electronic identity verification checks) and to collect and use, and							
Signature Day Month	criecks.							
	Year							

# 6B. Personal details — Other Controlling Person 2

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		First name					Middle name(s)						Surname							
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Yes	Yes No If Yes, please provide your IRD number.																			
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-	US Person?		nt citizen (	or nerm	anent re	sident/	/Green	Card I	holder			US T	ax Ide	entific	ation	Num	ber			
A US Person includes a US tax resident, citizen or permanent resident/Green Card holder.  US Tax Identification Number																				
Yes No If Yes, please provide your US Tax Identification Number.																				
-	tax residen g New Zealand	_		-	?															
Yes	•	<b>No</b> If Y	'es, please	provide	the cou	intry an	nd Tax I	dentif	ication	Numbe	er (TIN	)*.								
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Electronic identity verification (NZ residents only)	
You do not need to complete this section if you are completing face-to-	o-face documentation (AML for an Individual (Form 1a) - Documentary Verification).
If you, or the person you are completing this application on behalf of, do (Form 1a) - Documentary Verification.	do not have a NZ Passport or NZ Driver Licence, you must complete an AML for an Individual
Please note that if we are unable to verify your identity electronically, w	we will contact you.
Option A – NZ passport	Option B – NZ driver licence
Passport number	Licence number
Passport expiry date	Licence expiry date
Day Month Year	Day Month Year
	Licence version number
Please note, if you are completing this form on behalf of a mine please provide a photocopy of the minor's NZ birth certificate (mandatory) and if they hold one, a NZ passport.	
Consent statement	
	urpose of complying with the Anti-Money Laundering and Countering Financing of Terrorism uding specific and ongoing electronic identity verification checks) and to collect and use, and formation to perform such checks.
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				

<sup>\*</sup> 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

<sup>\*\*</sup> 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:								
<ul> <li>Authorised for deduction under an agreement with the Client; and</li> </ul>								
The amount of the fee or fees does not exceed the amount(s) specified in th	agreement with the Client.							
Adviser name	Adviser FSP number							
Adviser company	Adviser code							
Adviser signature Day	Month Year							