



Individual / Joint Account
Application Form

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

Use this form if you are investing under your legal name, or jointly with another individual, or on behalf of another individual. 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 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.

Bank account details

Please provide details for one bank account into which all deposits and withdrawal payments will be made.
The bank account should be in the same name as your NZ Funds account. The account must be a New Zealand bank account.
If this application is for a minor, the bank account can also be in the name of the parent(s) or guardian(s). If the bank account is in the parent's or guardian's name, please provide proof of the bank account by way of a bank statement.

Bank account name

Bank

Branch

Bank

Branch

Account

Suffix

2. Personal details—Individual 1

Name

Title

First name

Middle name(s)

Surname

Date of birth

Day

Month

Year

Country of birth

Is the applicant a minor?

☐ Yes

☐ No

If Yes, please complete the Identity Information for a Parent or Guardian form.

Citizenship(s)

Occupation

Residential address (not PO box)

☐ Same as address on page 1

Street

Suburb

Town / City

Postcode

Phone number(s)

☐ Same as phone on page 1

Mobile

Home

Business

Email

Required for access to our client portal.

☐ Same as email on page 1

Tax residency details

Are you a New Zealand tax resident?

☐

Yes

☐

No

If Yes, please provide your IRD number.

IRD Number

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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

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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

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Tax Identification Number (TIN)*

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Reason

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* 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.

Prescribed Investor Rate (PIR)

You must complete this entire section. If this is not completed, the Application Form cannot be processed.

PIR (select one)

☐

10.5%

☐

17.5%

☐

28%

If this is an application for a joint account, the individual with the highest PIR rate will apply.

To determine your 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.

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

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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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Name

TitleFirst nameMiddle name(s)Surname

Date of birth

DayMonthYearCountry of birth

Citizenship(s)

Occupation

Residential address (not PO box)

Same as address on page 1

Street

SuburbTown / CityPostcode

Phone number(s)

Same as phone on page 1

MobileHomeBusiness

EmailRequired for access to our client portal.

Same as email on page 1

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Prescribed Investor Rate (PIR)

You must complete this entire section. If this is not completed, the Application Form cannot be processed.

PIR (select one)

☐ 10.5% ☐ 17.5% ☐ 28%

If this is an application for a joint account, the individual with the highest PIR rate will apply.

To determine your 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.

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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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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

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Licence expiry date

Day Month Year

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Licence version number

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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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4. Investment options (Please select one only)*

☐ 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

	%
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Inflation Strategy

	%
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Growth Strategy

	%
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Total

	%
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☐ Auto rebalance

If you choose this option, we will automatically rebalance your portfolio to its target allocation annually on the 31st of August.

☐ 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 selecting Life Cycle for a joint account the age of the eldest individual (as disclosed in section 2) will be applied for Life Cycle allocations.

* If you do not select an option your investment will be allocated according to Life Cycle.

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

5. Your Authorisation

☐

One-to-sign

Either of you can make withdrawals or updates without both joint account holders having to sign.

6. Terms and Conditions

By signing this Application Form, I/we confirm that:

- All details provided in this Application Form are correct.
- I/we have received, read and understood the Wealth Builder Product Disclosure Statement (PDS) dated 1 August 2024 which accompanies this Application Form. I/we understand that additional information about NZ Funds' Wealth Builder is available on the online register entry at disclose-register.companiesoffice.govt.nz.**
- I/we agree to be bound by the terms and conditions contained in the PDS (including this Application Form), the Trust Deeds (as amended from time to time) and the online register entry.
- I/we understand that personal information provided in this Application Form and any personal information provided by me/us in the future will be used by NZ Funds and the Supervisor, and any related companies of these parties, together with my/our financial adviser, for administering the investment, including satisfying the requirements of the AML/CFT Act* (this may include using my/our 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/our personal information to provide me/us with information about other products and services. I/we acknowledge that I/we 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/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.
- I/we agree to comply with the Common Reporting Standards (FATCA & CRS)* regulations which include informing 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)* 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 my/our units, the funds will be returned to the nominated bank account in the same name as the NZ Funds Wealth Builder account. Alternatively, the funds will be held in a non-interest bearing bank account.
- I/we consent to NZ Funds communicating with me/us, and providing me/us with information, by electronic means (i.e. by email, as provided by me/us and/or by providing me/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).**
- I/we confirm that I/we have downloaded the NZ Funds Digital Wallet, or have registered for myNZFunds, and I/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.

- If two or more individuals have completed this Application Form and separate ownership is not defined, NZ Funds and the Supervisor are entitled to assume the investment is jointly held by those individuals.
- I/we confirm the selected PIR(s) for this account is correct.
- I/we understand the value of my/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) (if applicant is 16 years or older)

Individual 1

Day Month Year

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Individual 2

Day Month Year

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Parent/guardian signature*

Parent/guardian 1

Day Month Year

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Parent/guardian 2

Day Month Year

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* If the applicant is 15 or under, one parent or legal guardian must sign the Application Form.

If the applicant is 16 or 17, the minor plus one parent or legal guardian must sign the Application Form.

If both parent(s) or guardian(s) require access to the account they must both sign the Application Form to be linked to the account.

Important

Each parent or guardian signing on behalf of a minor must also complete an Identity Information for a Parent or Guardian form.

* 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

Adviser use only

Adviser declaration

I confirm that I have provided the client with a copy of the Product Disclosure Statement dated 1 August 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		