

To complete your application to invest in Kiwi Wealth Managed Funds, please complete the section that best describes the type of account you are applying for as set out in the table below.

If you are...	Then complete the section below
applying as an Individual or Jointly with another person	Section (a) beginning on page 2
applying to open an account on behalf of a Child	Section (b) beginning on page 6
applying on behalf of a company	Section (c) beginning on page 9
applying on behalf of a partnership	Section (d) beginning on page 14
applying on behalf of a trust or estate	Section (e) beginning on page 18
applying for an account where someone will be acting on your behalf	Section (f) beginning on page 26



Please send the completed form and supporting documents to:

FreePost 210729, Kiwi Wealth Limited, PO Box 50617, Porirua 5240

If you require assistance completing this form or have questions, please contact us on 0800 427 384 or email questions@kiwiwealth.co.nz

(a) Individual and Joint Investors

+ These fields must be completed.

Please tick

Individual Joint

Customer Number (if known)

Personal Details

Principal Investor

Title	+Given Name(s)	+Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred Name	+Date of Birth
<input type="text"/>	<input type="text" value="D D M M Y Y Y Y"/>

+Residential Address

Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

+Postal Address (if different)

Street No.	Street Name	Suburb	PO Box (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

+Contact Details

Please provide at least one contact phone number

Home Phone	Work Phone	Mobile
<input type="text" value="[]"/>	<input type="text" value="[]"/>	<input type="text"/>

Email (primary)

+Occupation

Please specify your current occupation

Identity Verification

Please select from Option A in the table below and provide a copy of this document. If you cannot provide a copy of the document in Option A then complete Option B OR Option C and provide a copy of the documents. You must have the copies certified (see Certification of Documents).

Option A	Please tick ONE document from this option
<input type="checkbox"/>	<input type="checkbox"/> New Zealand Passport (Identity Page) <input type="checkbox"/> Overseas Passport showing NZ residency (Identity Page) <input type="checkbox"/> New Zealand Firearms Licence
If cannot provide a document from Option A, then complete either Option B OR Option C by ticking the additional document you will provide	
Option B	Birth certificate (issued by NZ, a foreign government or United Nations) or NZ citizenship certificate PLUS ONE of
<input type="checkbox"/>	<input type="checkbox"/> New Zealand Drivers Licence (both sides) <input type="checkbox"/> 18+ identity card or Kiwi Access card (both sides)
OR	
Option C	New Zealand Drivers Licence (both sides) PLUS ONE of
<input type="checkbox"/>	<input type="checkbox"/> Bank credit, debit or Eftpos card containing your name and signature (both sides) <input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 12 months <input type="checkbox"/> Super Gold Card

Address Verification

Please provide us with proof of your address. Tick **ONE** document from the options below. The document must show your name and residential address (as detailed on this form) and must be dated within the last 12 months.

Document	Tick one
Bank Statement	<input type="checkbox"/>
Utility Company Bill	<input type="checkbox"/>
Statement from a Government agency, including Rates / Council notice	<input type="checkbox"/>

Certification of Documents

All the documents you have provided for identity verification and address verification must be certified* by a NZ trusted referee

Certification of documents

A NZ** trusted referee must be one of the following:

- NZ solicitor
- Justice of the Peace
- Notary Public
- Chartered Accountant
- Member of Parliament
- Police Constable
- Minister of Religion
- Registered Teacher
- Registered Medical Doctor
- Kaumatua
- NZ Honorary Consul
- Registrar or Deputy Registrar of the High Court or District Court

You must **not** be related to or live at the same address as the trusted referee nor must the trusted referee be involved in your application to invest in the Kiwi Wealth Managed Funds.

The trusted referee must sight your original ID documents and state on the photocopied version of each document, a statement that includes the same information as the following example:

I certify this to be a true copy of the original and to represent the identity of [your name].

Signature:

Name:

Authority:

Date:

* If you are providing documents that have been previously certified, they must not have been certified more than 3 months prior.

** If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country where the document is being certified.

Second Investor (joint applications only)

Title	+Given Name(s)	+Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Name	+Date of Birth	
<input type="text"/>	<input type="text" value="D D M M Y Y Y Y"/>	

+Residential Address

Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

+Postal Address (if different)

Street No.	Street Name	Suburb	PO Box (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

+Contact Details

Please provide at least one contact phone number

Home Phone	Work Phone	Mobile
<input type="text" value="[]"/>	<input type="text" value="[]"/>	<input type="text"/>
Email (primary)		
<input type="text"/>		

+Occupation

Please specify your current occupation

Identity Verification

Please select from Option A in the table below and provide a copy of this document. If you cannot provide a copy of the document in Option A then complete Option B OR Option C and provide a copy of the documents. You must have the copies certified (see Certification of Documents).

Option A	Please tick ONE document from this option
<input type="checkbox"/>	<input type="checkbox"/> New Zealand Passport (Identity Page) <input type="checkbox"/> Overseas Passport showing NZ residency (Identity Page) <input type="checkbox"/> New Zealand Firearms Licence
If cannot provide a document from Option A, then complete either Option B OR Option C by ticking the additional document you will provide	
Option B	Birth certificate (issued by NZ, a foreign government or United Nations) or NZ citizenship certificate PLUS ONE of
<input type="checkbox"/>	<input type="checkbox"/> New Zealand Drivers Licence (both sides) <input type="checkbox"/> 18+ identity card or Kiwi Access card (both sides)
OR	
Option C	New Zealand Drivers Licence (both sides) PLUS ONE of
<input type="checkbox"/>	<input type="checkbox"/> Bank credit, debit or Eftpos card containing your name and signature (both sides) <input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 12 months <input type="checkbox"/> Super Gold Card

Address Verification

Please provide us with proof of your address. Tick **ONE** document from the options below. The document must show your name and residential address (as detailed on this form) and must be dated within the last 12 months.

Document	Tick one
Bank Statement	<input type="checkbox"/>
Utility Company Bill	<input type="checkbox"/>
Statement from a Government agency, including Rates / Council notice	<input type="checkbox"/>

Certification of Documents

All the documents you have provided for identity verification and address verification must be certified* by a NZ trusted referee

Certification of documents

A NZ** trusted referee must be one of the following:

- NZ solicitor
- Justice of the Peace
- Notary Public
- Chartered Accountant
- Member of Parliament
- Police Constable
- Minister of Religion
- Registered Teacher
- Registered Medical Doctor
- Kaumatua
- NZ Honorary Consul
- Registrar or Deputy Registrar of the High Court or District Court

You must **not** be related to or live at the same address as the trusted referee nor must the trusted referee be involved in your application to invest in the Kiwi Wealth Managed Funds.

The trusted referee must sight your original ID documents and state on the photocopied version of each document, a statement that includes the same information as the following example:

I certify this to be a true copy of the original and to represent the identity of [your name].

Signature:

Name:

Authority:

Date:

* If you are providing documents that have been previously certified, they must not have been certified more than 3 months prior.

** If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country where the document is being certified.

(b) Opening an account on behalf of a Child

+ These fields must be completed.

Investor (Child's) Details

Customer Number (if known)

+Full name of the Child

Identity Verification of the Child

Please provide the documentation set out on page 8 as proof of identity for the Child. If that documentation is not able to be provided for the Child, a certified copy of the Child's birth certificate must be provided.

Identity Verification of the Sponsor(s)

Please provide the documentation set out on page 8 as proof of identity for each Sponsor.

Sponsor 1 Details

Title

+Given Name(s)

+Surname

Preferred Name

+Date of Birth

IRD Number

+Residential Address

Street No.

Street Name

Suburb

City

Post Code

Country

+Postal Address (if different)

Street No.

Street Name

Suburb

PO Box (if applicable)

City

Post Code

Country

+Contact Details

Please provide at least one contact phone number

Home Phone

Work Phone

Mobile

+Email (primary)

+Occupation

Please specify your current occupation

Relationship to the Child

Tick one	Authority	Document to provide (must be a certified copy)
<input type="checkbox"/>	Parent or guardian of the Child	Birth certificate / Guardianship order
<input type="checkbox"/>	Other (please state):	Document evidencing authority

Sponsor 2 Details

Title +Given Name(s) +Surname

Preferred Name +Date of Birth

IRD Number

+Residential Address

Street No. Street Name Suburb

City Post Code Country

+Postal Address (if different)

Street No. Street Name Suburb PO Box (if applicable)

City Post Code Country

+Contact Details

Please provide at least one contact phone number

Home Phone [] Work Phone [] Mobile

+Email (primary)

+Occupation

Please specify your current occupation

Relationship to the Child

Tick one	Authority	Document to provide (must be a certified copy)
<input type="checkbox"/>	Parent or guardian of the Child	Birth certificate / Guardianship order
<input type="checkbox"/>	Other (please state):	Document evidencing authority

Identity Verification

Please select from Option A in the table below and provide a copy of this document. If you cannot provide a copy of the document in Option A then complete Option B OR Option C and provide a copy of the documents. You must have the copies certified (see Certification of Documents).

Option A	Please tick ONE document from this option
<input type="checkbox"/>	<input type="checkbox"/> New Zealand Passport (Identity Page) <input type="checkbox"/> Overseas Passport showing NZ residency (Identity Page) <input type="checkbox"/> New Zealand Firearms Licence
If cannot provide a document from Option A, then complete either Option B OR Option C by ticking the additional document you will provide	
Option B	Birth certificate (issued by NZ, a foreign government or United Nations) or NZ citizenship certificate PLUS ONE of
<input type="checkbox"/>	<input type="checkbox"/> New Zealand Drivers Licence (both sides) <input type="checkbox"/> 18+ identity card or Kiwi Access card (both sides)
OR	
Option C	New Zealand Drivers Licence (both sides) PLUS ONE of
<input type="checkbox"/>	<input type="checkbox"/> Bank credit, debit or Eftpos card containing your name and signature (both sides) <input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 12 months <input type="checkbox"/> Super Gold Card

Address Verification

Please provide us with proof of your address. Tick **ONE** document from the options below. The document must show your name and residential address (as detailed on this form) and must be dated within the last 12 months.

Document	Tick one
Bank Statement	<input type="checkbox"/>
Utility Company Bill	<input type="checkbox"/>
Statement from a Government agency, including Rates / Council notice	<input type="checkbox"/>

Certification of Documents

All the documents you have provided for identity verification and address verification must be certified* by a NZ trusted referee

Certification of documents

A NZ** trusted referee must be one of the following:

- NZ solicitor
- Justice of the Peace
- Notary Public
- Chartered Accountant
- Member of Parliament
- Police Constable
- Minister of Religion
- Registered Teacher
- Registered Medical Doctor
- Kaumatua
- NZ Honorary Consul
- Registrar or Deputy Registrar of the High Court or District Court

You must **not** be related to or live at the same address as the trusted referee nor must the trusted referee be involved in your application to invest in the Kiwi Wealth Managed Funds.

The trusted referee must sight your original ID documents and state on the photocopied version of each document, a statement that includes the same information as the following example:

I certify this to be a true copy of the original and to represent the identity of [your name].

Signature:

Name:

Authority:

Date:

* If you are providing documents that have been previously certified, they must not have been certified more than 3 months prior.

** If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country where the document is being certified.

(c) Company

+ These fields must be completed.

Company Details

+ Full legal name of company

+ Company Identifier/Registration Number

Trading as (if different)

+ Registered office or principal business address

Street No.

Street Name

Suburb

City

Post Code

PO Box (if applicable)

Country

+ Postal Address (if different)

Street No.

Street Name

Suburb

City

Post Code

PO Box (if applicable)

Country

+ Contact Details

Please provide at least one contact phone number

Primary Contact Name

Work Phone

Work Phone

Email (primary)

+ Country of Incorporation

New Zealand

Other (please specify)

+ What sector does the company operate in?

Are any of the shareholders nominees?

Yes

No

+ Are any shares in the company issued in bearer form (i.e. unregistered, no record of ownership other than physical possession)?

Yes

No

Please describe the ongoing income stream of the company e.g. the company's capital and profits.

Details of all company directors

DIRECTOR 1

Title	+Given Name(s)	+Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

+Address

Street No.	Street Name	Suburb	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Post Code	Country	+Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

DIRECTOR 2

Title	+Given Name(s)	+Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

+Address

Street No.	Street Name	Suburb	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Post Code	Country	+Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

DIRECTOR 3

Title	+Given Name(s)	+Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

+Address

Street No.	Street Name	Suburb	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Post Code	Country	+Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

DIRECTOR 4

Title	+Given Name(s)	+Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

+Address

Street No.	Street Name	Suburb	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Post Code	Country	+Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

PLEASE COPY THIS PAGE AND ATTACH, TO ADD MORE DIRECTORS

Shareholders

Provide details of shareholders holding 25% or more of the company.

SHAREHOLDER 1

Individual Company*

Title +Given Name(s) +Surname

+Address

Street No. Street Name Suburb

City Post Code Country

+Date of Birth +Company Number (if applicable) +Percentage of shares held %

SHAREHOLDER 2

Individual Company*

Title +Given Name(s) +Surname

+Address

Street No. Street Name Suburb

City Post Code Country

+Date of Birth +Company Number (if applicable) +Percentage of shares held %

SHAREHOLDER 3

Individual Company*

Title +Given Name(s) +Surname

+Address

Street No. Street Name Suburb

City Post Code Country

+Date of Birth +Company Number (if applicable) +Percentage of shares held %

Do any shareholders named above hold shares in the company on behalf of another person?

Yes (provide details) No

* If any shareholder is a company, please copy this page and attach, to provide details of all shareholders holding 25% or more of that company.

Effective Control/Authorised to act on behalf of the company

If there is a person(s) with effective control of the company, e.g. the power to open accounts or make investment decisions such as the CEO or the Managing Director, please provide details below.

PERSON 1

Title	+Given Name(s)	+Surname (or full legal name of company)
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Address		
Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Date of Birth	+Relationship/authority	
<input type="text"/>	<input type="text"/>	

PERSON 2

Title	+Given Name(s)	+Surname (or full legal name of company)
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Address		
Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Date of Birth	+Relationship/authority	
<input type="text"/>	<input type="text"/>	

PLEASE COPY THIS PAGE AND ATTACH, TO ADD MORE THAN TWO PERSONS WITH EFFECTIVE CONTROL.

Confirmation by Director or authorised person

I am (tick one)

<input type="checkbox"/>	Director (must be listed on this form)	<input type="checkbox"/>	Acting in authorised capacity for the company (please state)	<input type="text"/>
--------------------------	--	--------------------------	--	----------------------

and in this capacity, I am authorised to provide the information in this form and the certified identity verification documents for the directors, shareholders and person(s) with effective control listed in this form.

I confirm to the best of my knowledge and belief that the information provided in this form is true and correct.

Signatory	Name
<input type="text"/>	<input type="text"/>
Date	
<input type="text"/>	

Verification of Identity and Address for all directors, shareholders and person(s) with effective control

Please provide identity and proof of address documents for each person listed on this form.

Identity Verification

Please select from Option A in the table below and provide a copy of this document. If you cannot provide a copy of a document in Option A then select from Option B OR Option C and provide a copy of the documents. You must have the copies certified (see Certification of Documents).

Option A	Please select ONE document from this option for each person
<input type="checkbox"/>	New Zealand Passport (Identity Page) Overseas Passport showing NZ residency (Identity Page) New Zealand Firearms Licence
If cannot provide a document from Option A, then select from either Option B OR Option C	
Option B	Birth certificate (issued by NZ, a foreign government or United Nations) or NZ citizenship certificate PLUS ONE of
<input type="checkbox"/>	New Zealand Drivers Licence (both sides) 18+ identity card or Kiwi Access card (both sides)
OR	
Option C	New Zealand Drivers Licence (both sides) PLUS ONE of
<input type="checkbox"/>	Bank credit, debit or Eftpos card containing your name and signature (both sides) Bank statement or IRD statement issued in your name in the last 12 months Super Gold Card

Address Verification

Please provide us with proof of each person's address.

Provide **ONE** document from the options below. The document must show their name and residential address (as detailed on this form) and must be dated within the last 12 months.

Document

- Bank Statement
- Utility Company Bill
- Statement from a Government agency, including Rates / Council notice

Certification of Documents

All the documents you have provided for identity verification and address verification must be certified* by a NZ trusted referee

Certification of documents

A NZ** trusted referee must be one of the following:

- NZ solicitor
- Justice of the Peace
- Notary Public
- Chartered Accountant
- Member of Parliament
- Police Constable
- Minister of Religion
- Registered Teacher
- Registered Medical Doctor
- Kaumatua
- NZ Honorary Consul
- Registrar or Deputy Registrar of the High Court or District Court

Each person must **not** be related to or live at the same address as the trusted referee nor must the trusted referee be involved in the entity's application to invest in the Kiwi Wealth Managed Funds.

The trusted referee must sight each person's original ID documents and state on the photocopied version of each document, a statement that includes the same information as the following example:

I certify this to be a true copy of the original and to represent the identity of [the person's name].

Signature:

Name:

Authority:

Date:

* If you are providing documents that have been previously certified, they must not have been certified more than 3 months prior.

** If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country where the document is being certified.

(d) Partnership

+ These fields must be completed.

Investor Details

+ Name of partnership or full legal name

+ Registration number

Trading as (if different)

+ Principal business address or registered office address

Street No.

Street Name

Suburb

City

Post Code

PO Box (if applicable)

Country

+Postal Address (if different)

Street No.

Street Name

Suburb

City

Post Code

PO Box (if applicable)

Country

+Contact Details

Please provide at least one contact phone number

Primary Contact Name

Work Phone

Work Phone

Email (primary)

+Country of Registration

New Zealand

Other (please specify)

Details of all partners

PARTNER 1

Individual Company Company Number

Title +Given Name(s) +Surname

+Address

Street No. Street Name Suburb

City Post Code Country +Date of Birth

D | D | M | M | Y | Y | Y | Y

PARTNER 2

Individual Company Company Number

Title +Given Name(s) +Surname

+Address

Street No. Street Name Suburb

City Post Code Country +Date of Birth

D | D | M | M | Y | Y | Y | Y

PARTNER 3

Individual Company Company Number

Title +Given Name(s) +Surname

+Address

Street No. Street Name Suburb

City Post Code Country +Date of Birth

D | D | M | M | Y | Y | Y | Y

PARTNER 4

Individual Company Company Number

Title +Given Name(s) +Surname

+Address

Street No. Street Name Suburb

City Post Code Country +Date of Birth

D | D | M | M | Y | Y | Y | Y

PLEASE COPY THIS PAGE AND ATTACH, TO ADD MORE PARTNERS

Effective Control/Authorisation to act behalf of the partnership

If there is a person(s) with effective control of the partnership, e.g. the power to open accounts or make investment decisions such as the CEO or the Managing Director, please provide details below.

PERSON 1

Title	+Given Name(s)	+Surname (or full legal name of company)
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Address		
Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Date of Birth	+Relationship/authority	
<input type="text"/>	<input type="text"/>	

PERSON 2

Title	+Given Name(s)	+Surname (or full legal name of company)
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Address		
Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Date of Birth	+Relationship/authority	
<input type="text"/>	<input type="text"/>	

PLEASE COPY THIS PAGE AND ATTACH, TO ADD MORE THAN TWO PERSONS WITH EFFECTIVE CONTROL.

Confirmation by a partner or authorised person

I am (tick one)

Partner (must be listed on this form) Acting in authorised capacity for the partnership (please state)

and in this capacity, I am authorised to provide the information in this form and the certified identity verification documents for all the individuals listed in this form.

I confirm to the best of my knowledge and belief that the information provided in this form is true and correct.

Signatory	Name
<input type="text"/>	<input type="text"/>
Date	
<input type="text"/>	

Verification of Identity and Address for all partners and person(s) with effective control

Please provide identity and proof of address documents for each person listed in section 2 and

Identity Verification

Please select from Option A in the table below and provide a copy of this document. If you cannot provide a copy of a document in Option A then select from Option B OR Option C and provide a copy of the documents. You must have the copies certified (see Certification of Documents).

Option A	Please select ONE document from this option for each person
<input type="checkbox"/>	New Zealand Passport (Identity Page) Overseas Passport showing NZ residency (Identity Page) New Zealand Firearms Licence
If cannot provide a document from Option A, then select from either Option B OR Option C	
Option B	Birth certificate (issued by NZ, a foreign government or United Nations) or NZ citizenship certificate PLUS ONE of
<input type="checkbox"/>	New Zealand Drivers Licence (both sides) 18+ identity card or Kiwi Access card (both sides)
OR	
Option C	New Zealand Drivers Licence (both sides) PLUS ONE of
<input type="checkbox"/>	Bank credit, debit or Eftpos card containing your name and signature (both sides) Bank statement or IRD statement issued in your name in the last 12 months Super Gold Card

Address Verification

Please provide us with proof of each person's address. Provide **ONE** document from the options below. The document must show their name and residential address (as detailed on this form) and must be dated within the last 12 months.

Document

- Bank Statement
- Utility Company Bill
- Statement from a Government agency, including Rates / Council notice

Other documents (please provide)

- Partnership agreement or Certificate of Registration
- Proof of authority to act for the partnership (if applicable). Power of Attorney should be accompanied by an original certificate of non-revocation

Certification of Documents

All the documents you have provided for identity verification and address verification must be certified* by a NZ trusted referee

Certification of documents

A NZ** trusted referee must be one of the following:

- NZ solicitor
- Justice of the Peace
- Notary Public
- Chartered Accountant
- Member of Parliament
- Police Constable
- Minister of Religion
- Registered Teacher
- Registered Medical Doctor
- Kaumatua
- NZ Honorary Consul
- Registrar or Deputy Registrar of the High Court or District Court

Each person must **not** be related to or live at the same address as the trusted referee nor must the trusted referee be involved in the entity's application to invest in the Kiwi Wealth Managed Funds.

The trusted referee must sight each person's original ID documents and state on the photocopied version of each document, a statement that includes the same information as the following example:

I certify this to be a true copy of the original and to represent the identity of [the person's name].

Signature:

Name:

Authority:

Date:

* If you are providing documents that have been previously certified, they must not have been certified more than 3 months prior.

** If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country where the document is being certified.

(e) Trusts and Estates

+ These fields must be completed.

Trust or Estate Details

+ Full name of Trust or Estate

+ Address of Trust or Estate

Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	PO Box (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

+Postal Address (if different)

Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	PO Box (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

+Contact Details

Please provide at least one contact phone number

Primary Contact Name	Work Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (primary)

Settlor Name (if a Trust)

+ Structure of Trust or Estate

<input type="checkbox"/> Estate	<input type="checkbox"/> Family Trust	<input type="checkbox"/> Discretionary Trust	<input type="checkbox"/> Fixed Trust	<input type="checkbox"/> Charitable Trust
---------------------------------	---------------------------------------	--	--------------------------------------	---

Please describe the purpose for which the Trust has been established. In the case of a Charitable Trust, please describe the object of the Trust.

Please describe where the source of the Wealth or funds for the trust has originated i.e. proceeds of a property sale and provide documentary evidence i.e. sale and purchase agreement.

If the Trust receives ongoing income, please describe the source of that income (for example, rent received from properties or a monthly deposit from a family bank account).

TRUSTEE DETAILS 1

Individual Company Company Number

Title +Given Name(s) +Surname

+Occupation

+Address

Street No. Street Name Suburb

City Post Code Country +Date of Birth

D , D , M , M , Y , Y , Y , Y

TRUSTEE DETAILS 2

Individual Company Company Number

Title +Given Name(s) +Surname

+Occupation

+Address

Street No. Street Name Suburb

City Post Code Country +Date of Birth

D , D , M , M , Y , Y , Y , Y

TRUSTEE DETAILS 3

Individual Company Company Number

Title +Given Name(s) +Surname

+Occupation

+Address

Street No. Street Name Suburb

City Post Code Country +Date of Birth

D , D , M , M , Y , Y , Y , Y

TRUSTEE DETAILS 4

Individual Company Company Number

Title +Given Name(s) +Surname

+Occupation

+Address

Street No. Street Name Suburb

City Post Code Country +Date of Birth

D , D , M , M , Y , Y , Y , Y

PLEASE COPY THIS PAGE AND ATTACH, TO ADD MORE TRUSTEES

Effective Control/Authorisation to act on behalf of the trust or estate

If there is a person(s) who is not listed as a trustee who has effective control of the trust or estate e.g. the following powers relating to the trust or estate

- authority to transact on the trust's or estate's accounts
- add or remove trustees and/or beneficiaries
- amend the trust deed
- control of any of the assets of the trust
- power to make investment decisions

Please provide details below.

PERSON 1

Title	+Given Name(s)	+Surname (or full legal name of company)
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Address		
Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Date of Birth	+Relationship/authority	
<input type="text"/>	<input type="text"/>	

PERSON 2

Title	+Given Name(s)	+Surname (or full legal name of company)
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Address		
Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Post Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
+Date of Birth	+Relationship/authority	
<input type="text"/>	<input type="text"/>	

PLEASE COPY THIS PAGE AND ATTACH, TO ADD MORE THAN TWO PERSONS WITH EFFECTIVE CONTROL.

+ Beneficiary details

If the trust or estate has 10 or less beneficiaries provide details below.

Beneficiary Full Name or Full Legal Name (if a company)	Date of Birth (or company number)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

If the trust or estate has more than 10 beneficiaries, describe each class or type of beneficiary under the trust or estate. e.g. grandchildren of the deceased

Beneficiary details

If the trust has a corporate beneficiary, then provide details of any individuals that have a shareholding of 25% or more of the corporate beneficiary

+ Name of Corporate Beneficiary

+ Company Identifier

Full Name of shareholder of corporate beneficiary	Date of Birth
1.	
2.	
3.	

Confirmation by trustee or authorised person

I am (tick one)

Trustee (must be listed on this form)

Acting in authorised capacity for the trust or estate (please state)

and in this capacity, I am authorised to provide the information in this form and the certified identity verification documents for the individuals listed in this form.

I confirm to the best of my knowledge and belief that the information provided in this form is true and correct.

Signatory

Name

Date

Corporate Trustee Details

If one or more of the trustees is a corporate trustee provide details of the persons authorised to act on behalf of the corporate trustee below.

CORPORATE TRUSTEE 1

Full legal name of company

Person 1

Title

+Given Name(s)

+Surname

+Address

Street No.

Street Name

Suburb

City

Post Code

Country

+Date of Birth

+Authority

Person 2

Title

+Given Name(s)

+Surname

+Address

Street No.

Street Name

Suburb

City

Post Code

Country

+Date of Birth

+Authority

Person 3

Title	+Given Name(s)	+Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

+Address

Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>

City	Post Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

+Date of Birth	+Authority
<input type="text" value="D D M M Y Y Y Y"/>	<input type="text"/>

Person 4

Title	+Given Name(s)	+Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

+Address

Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>

City	Post Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

+Date of Birth	+Authority
<input type="text" value="D D M M Y Y Y Y"/>	<input type="text"/>

PLEASE COPY THIS PAGE AND ATTACH, TO ADD MORE PERSONS.

Verification of Identity and Address for all trustees, directors and person(s) with effective control

Please provide identity and proof of address documents for each person listed on this form.

Identity Verification

Please select from Option A in the table below and provide a copy of this document. If you cannot provide a copy of a document in Option A then select from Option B OR Option C and provide a copy of the documents. You must have the copies certified (see Certification of Documents).

Option A	Please select ONE document from this option for each person
<input type="checkbox"/>	New Zealand Passport (Identity Page) Overseas Passport showing NZ residency (Identity Page) New Zealand Firearms Licence
If cannot provide a document from Option A, then select from either Option B OR Option C	
Option B	Birth certificate (issued by NZ, a foreign government or United Nations) or NZ citizenship certificate PLUS ONE of
<input type="checkbox"/>	New Zealand Drivers Licence (both sides) 18+ identity card or Kiwi Access card (both sides)
OR	
Option C	New Zealand Drivers Licence (both sides) PLUS ONE of
<input type="checkbox"/>	Bank credit, debit or Eftpos card containing your name and signature (both sides) Bank statement or IRD statement issued in your name in the last 12 months Super Gold Card

Address Verification

Please provide us with proof of each person's address.

Provide **ONE** document from the options below. The document must show their name and residential address (as detailed on this form) and must be dated within the last 12 months.

Document

- Bank Statement
- Utility Company Bill
- Statement from a Government agency, including Rates / Council notice

Other Documents

- Trust: Copy of the trust deed
- Estate: Copy of Probate, Letters of Administration or Certificate of Administration
- Evidence of source of funds

We will contact you if we require further information to verify the source of the Trust's wealth.

Certification of Documents

All the documents you have provided for identity verification and address verification must be certified* by a NZ trusted referee

Certification of documents

A NZ** trusted referee must be one of the following:

- NZ solicitor
- Justice of the Peace
- Notary Public
- Chartered Accountant
- Member of Parliament
- Police Constable
- Minister of Religion
- Registered Teacher
- Registered Medical Doctor
- Kaumatua
- NZ Honorary Consul
- Registrar or Deputy Registrar of the High Court or District Court

Each person must **not** be related to or live at the same address as the trusted referee nor must the trusted referee be involved in the entity's application to invest in the Kiwi Wealth Managed Funds.

The trusted referee must sight each person's original ID documents and state on the photocopied version of each document, a statement that includes the same information as the following example:

I certify this to be a true copy of the original and to represent the identity of [the person's name].

Signature:

Name:

Authority:

Date:

* If you are providing documents that have been previously certified, they must not have been certified more than 3 months prior.

** If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country where the document is being certified.

(f) Acting on behalf of

+ These fields must be completed.

Investor Details

Customer Number (if known)

Full Investor Name

Your Details

Title +Given Name(s)

+Surname

Preferred Name

+Date of Birth

+Residential Address

Street No. Street Name

Suburb

City

Post Code

Country

+Postal Address (if different)

Street No. Street Name

Suburb

PO Box (if applicable)

City

Post Code

Country

+Contact Details

Please provide at least one contact phone number

Home Phone

Work Phone

Mobile

Email (primary)

Your relationship to the Investor

+Occupation

Please specify your current occupation / industry

Your authority to act on behalf of the Investor

+Please tick

Tick one	Authority	Document to provide
<input type="checkbox"/>	Power of Attorney	Power of Attorney and Letter of non-revocation
<input type="checkbox"/>	Other (please state):	Document evidencing authority

Identity Verification

Please select from Option A in the table below and provide a copy of this document. If you cannot provide a copy of the document in Option A then complete Option B OR Option C and provide a copy of the documents. You must have the copies certified (see Certification of Documents).

Option A	Please tick ONE document from this option
<input type="checkbox"/>	<input type="checkbox"/> New Zealand Passport (Identity Page) <input type="checkbox"/> Overseas Passport showing NZ residency (Identity Page) <input type="checkbox"/> New Zealand Firearms Licence
If cannot provide a document from Option A, then complete either Option B OR Option C by ticking the additional document you will provide	
Option B	Birth certificate (issued by NZ, a foreign government or United Nations) or NZ citizenship certificate PLUS ONE of
<input type="checkbox"/>	<input type="checkbox"/> New Zealand Drivers Licence (both sides) <input type="checkbox"/> 18+ identity card or Kiwi Access card (both sides)
OR	
Option C	New Zealand Drivers Licence (both sides) PLUS ONE of
<input type="checkbox"/>	<input type="checkbox"/> Bank credit, debit or Eftpos card containing your name and signature (both sides) <input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 12 months <input type="checkbox"/> Super Gold Card

Address Verification

Please provide us with proof of your address. Tick **ONE** document from the options below. The document must show your name and residential address (as detailed on this form) and must be dated within the last 12 months.

Document	Tick one
Bank Statement	<input type="checkbox"/>
Utility Company Bill	<input type="checkbox"/>
Statement from a Government agency, including Rates / Council notice	<input type="checkbox"/>

Certification of Documents

All the documents you have provided for identity verification and address verification must be certified* by a NZ trusted referee

Certification of documents

A NZ** trusted referee must be one of the following:

- NZ solicitor
- Justice of the Peace
- Notary Public
- Chartered Accountant
- Member of Parliament
- Police Constable
- Minister of Religion
- Registered Teacher
- Registered Medical Doctor
- Kaumatua
- NZ Honorary Consul
- Registrar or Deputy Registrar of the High Court or District Court

You must **not** be related to or live at the same address as the trusted referee nor must the trusted referee be involved in your application to invest in the Kiwi Wealth Managed Funds.

The trusted referee must sight your original ID documents and state on the photocopied version of each document, a statement that includes the same information as the following example:

I certify this to be a true copy of the original and to represent the identity of [your name].

Signature:

Name:

Authority:

Date:

* If you are providing documents that have been previously certified, they must not have been certified more than 3 months prior.

** If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country where the document is being certified.