

QuayStreet Funds Addendum to Application Form

Trust as a Partner / Beneficial Owner

This completed Form should be returned to:

QuayStreet Asset Management Limited

Client Services
PO Box 13155
Tauranga Central
Tauranga 3141

Phone: 0800 782 900

Account Name

Account Number

A Trust Details

Name of Trust

Type of Trust *please select one*

- Family Charitable *please provide Registration Number*
 Estate Other *specify*
-

Trust Description *please select one*

- Discretionary Charitable Trust with more than 10 beneficiaries Other *specify*
-

Country Where Established NZ Other *specify*

Date Trust was Created | D | D | M | M | Y | Y | Y | Y | Duration of Trust

Is the trust registered under the Charitable Trusts Act 1957 and the Charities Act 2005?

- No Yes, please provide registration number
-

Mailing Address *if not the same as residential address*

Post code | | | | |

Please fill out all details and tick the box identifying the best way for us to contact you

- Home Ph Mobile
 Work Ph Facsimile
 Email
-

IDENTITY VERIFICATION *to verify the identity of the Trust*

For Trusts Trustee Certificate *please complete Certificate included in Section C*



B Details of Trustees *details are required for ALL Trustees*

B1 First Trustee *This Trustee / Executor will be the main point of contact for this account*

Role *please select one*

Executor Trustee Advisory Trustee Protector

NAME & ADDRESS

Title *please select one*

Mr Mrs Miss Ms Dr Other _____

Full Name *first, middle and last name*

Mailing Name **Preferred Salutation** *if different from mailing name*

Residential Address *where you live, not a PO Box number*

Post code | | | | |

Mailing Address *if not the same as residential address*

Post code | | | | |

CONTACT DETAILS & COMMUNICATIONS

Please fill out all details and tick the box identifying the best way for us to contact you

Home Ph Mobile
 Work Ph Facsimile
 Email
 Post *as per mailing address*

How would you like to receive your reports?

Electronically *via Craigs Investment Partners website* Post *as per mailing address*

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender Male Female **Date of Birth** | D | D | | M | M | | Y | Y | Y | Y |

Country of Birth NZ Other *specify* _____

Country of Citizenship NZ Other *specify* _____

Country of Residency NZ Other *specify* _____

New Zealand Residency Status *tick one box only*

Permanent Resident Resident Visa Work Permit Long Term Business Visa
 Other *specify* _____

Occupation & Employer

Occupation _____ Employer _____

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial or military or ministerial position in New Zealand or overseas?

No Yes *specify* _____

CONTACT DETAILS & COMMUNICATIONS

Please fill out all details and tick the box identifying the best way for us to contact you

<input type="checkbox"/> Home Ph	<input type="checkbox"/> Mobile
<input type="checkbox"/> Work Ph	<input type="checkbox"/> Facsimile
<input type="checkbox"/> Email	
<input type="checkbox"/> Post as per mailing address	

How would you like to receive your reports?

Electronically via Craigs Investment Partners website Post as per mailing address

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	D D M M Y Y Y Y
Country of Birth	<input type="checkbox"/> NZ	<input type="checkbox"/> Other specify		
Country of Citizenship	<input type="checkbox"/> NZ	<input type="checkbox"/> Other specify		
Country of Residency	<input type="checkbox"/> NZ	<input type="checkbox"/> Other specify		

New Zealand Residency Status tick one box only

Permanent Resident Resident Visa Work Permit Long Term Business Visa

Other specify

Occupation & Employer

Occupation _____ Employer _____

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial or military or ministerial position in New Zealand or overseas?

No Yes specify

TAXATION DETAILS

What is your country of residence for tax purposes? _____

New Zealand Tax Details IRD Number | | | | | | | | | |

Foreign Tax Details

Australian Tax Number | | | | | | | | | |

US IRS Tax Identification Number (SSN or TIN) | | | | | | | | | |

UK National Insurance Number | | | | | | | | | |

Other	Country _____	Identification Number _____
	Country _____	Identification Number _____

AUTHORISATION

Are you authorised to instruct on the account i.e. an authorised person? Yes No

IDENTITY VERIFICATION

Please refer to the Identity Verification Requirements Form on page 10 for the full list of documents and the requirements for certification.

PROOF OF IDENTITY

A certified copy of one of the following must be provided:

<input type="checkbox"/> Passport	<input type="checkbox"/> Driver Licence and supporting documentation
<input type="checkbox"/> Government Issued ID	<input type="checkbox"/> Firearms Licence and supporting documentation*



* Firearms Licence: If you provide us with a certified copy of a Firearms Licence, please also provide a certified copy of a NZ Driver Licence or card issued by a registered bank showing your name and signature in order for us to verify your signature on your Client Agreement.

PROOF OF RESIDENTIAL ADDRESS

A certified copy of one of the following issued within the last three months that includes your name and address:

- Utilities bill
- Rates bill
- Bank account statement
- A statement issued to you by a government agency in the 12 months immediately preceding the date of the application e.g. Inland Revenue



B3 Third Trustee

Role *please select one*

- Executor
- Trustee
- Advisory Trustee
- Protector

NAME & ADDRESS

Title *please select one*

- Mr
- Mrs
- Miss
- Ms
- Dr
- Other _____

Full Name *first, middle and last name*

Mailing Name

Preferred Salutation *if different from mailing name*

Residential Address *where you live, not a PO Box number*

_____ **Post code** | | | | |

Mailing Address *if not the same as residential address*

_____ **Post code** | | | | |

CONTACT DETAILS & COMMUNICATIONS

Please fill out all details and tick the box identifying the best way for us to contact you

- Home Ph
- Mobile
- Work Ph
- Facsimile
- Email
- Post *as per mailing address*

How would you like to receive your reports?

- Electronically *via Craigs Investment Partners website*
- Post *as per mailing address*

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender Male Female **Date of Birth** | D | D | | M | M | | Y | Y | Y | Y |

Country of Birth NZ Other *specify* _____

Country of Citizenship NZ Other *specify* _____

Country of Residency NZ Other *specify* _____

New Zealand Residency Status *tick one box only*

- Permanent Resident
- Resident Visa
- Work Permit
- Long Term Business Visa
- Other *specify* _____

Occupation & Employer

Occupation _____ Employer _____

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial or military or ministerial position in New Zealand or overseas?

- No
- Yes *specify* _____

D Trustee Certificate

To be completed by ALL Trustees.

Trustee Certificate

Please provide copies of the relevant pages of the Trust Deed and any resolutions evidencing any amendments, which must confirm:

- the Trust's name
- the Trustees' names and other persons authorised to act on behalf of the Trust

Without this information it is not possible to open or operate your account.

To: **QuayStreet Asset Management Limited**

I/We: 1. _____
 2. _____
 3. _____
"Trustee/Trustees" (Insert full names of ALL current Trustees)

and _____
("Company as Trustee") (If applicable)

of _____ ("the entity")
("The Trust") (Specify the name of the Trust)

Properly constituted by Deed of Trust dated the _____ day of _____ 20 | Y | Y |
day month year

Confirm that:

1. **Current Trustees:** Each of the above named Trustees is a current and validly appointed Trustee of the Trust and there are no other Trustees of the Trust.
2. **Power to Transact:** The Trust has the power to make an application to invest in the QuayStreet Funds and to enter into any related documentation.
3. **Trust Resolutions:** All Trust resolutions and approvals required by law and necessary pursuant to the Deed of Trust have been passed or given to enable the Trust to enter into an investment in the QuayStreet Funds and any related documentation ("transactions").
4. **Trust Compliance:** The Trustees in approving any transaction have acted in compliance with the duties imposed on the Trustees at law.
5. **Alteration of Trustees, Trustee Power and Trust Deed:** Where there is any alteration to the Trustees named above or any change to the Trust Deed or any Trustees Power which impacts this application to invest in the QuayStreet Funds including changes in investment powers, beneficiaries or Trustees the Trustees will notify QuayStreet Asset Management Limited in writing immediately. *
6. **Validity of Transaction:** The transactions entered into by the Trust are binding on the Trust, and this Application Form and any related documentation are enforceable against the Trust. **
7. **Execution of Documents:** The Application Form and any related documentation have been properly completed and signed by the Trustees of the Trust.
8. **No Invalidity:** There are no circumstances which would invalidate any of the transactions or the Application Form and any related documentation.
9. **The Trustees** confirm that the Trustees/Authorised Person(s) listed below are authorised to invest in the QuayStreet Funds (jointly/jointly and severally) on behalf of the Trust.

Full Name <small>first, middle and last name</small>	Capacity
Full Name <small>first, middle and last name</small>	Capacity
Full Name <small>first, middle and last name</small>	Capacity
Full Name <small>first, middle and last name</small>	Capacity

* In the case of a change to the Trustees, beneficiaries or Investment Powers the Trustees will provide a new Trustee certificate with the requisite identification documents. The Trustees undertake to provide amendments to the Trust Deed on request.
 ** The Trustees undertake to provide copies of the record of Trustee decisions relevant to this application signed by all Trustees upon request.

10. **Limitation of Liability:** If you are an Independent Trustee, we agree that in exercising our powers in relation to the investment in QuayStreet Funds, you will have no personal liability in relation to the investment in the QuayStreet Funds and we will not have any recourse to assets that are not Trust assets. However, this limitation on our rights will not apply if:
- (a) you are in wilful or negligent breach of the Trust or have acted negligently or dishonestly.
 - (b) you lack the power or authority to sign the Application Form in your capacity as Trustee.
 - (c) any representations or acknowledgements you have made are untrue or incorrect or.
 - (d) you have signed the Application Form in your personal capacity as well as your Trustee capacity and in such case you will have full personal liability in relation to the investment in the QuayStreet Funds and we may have recourse to your personal assets as well as to the Trust assets.
11. You are an 'Independent Trustee' for the purpose of this clause if you have signed the Application Form as Trustee and neither you, nor any spouse (de facto or otherwise), civil union partner, child or grandchild:
- (a) is a beneficiary (discretionary or otherwise) or
 - (b) has a power of appointment of additional beneficiaries under the Trust.

Instructions for Signing

All Trustees must sign the Trustee Certificate and indicate their capacity - (i.e. *Trustee, Executor or Attorney for the <Name of Trustee/Executor>, Witness*).

Full Name *first, middle and last name* _____ **Capacity** _____

Signature _____
 _____ **Date** | D | D | M | M | Y | Y | Y | Y |

Full Name *first, middle and last name* _____ **Capacity** _____

Signature _____
 _____ **Date** | D | D | M | M | Y | Y | Y | Y |

Full Name *first, middle and last name* _____ **Capacity** _____

Signature _____
 _____ **Date** | D | D | M | M | Y | Y | Y | Y |

Full Name *first, middle and last name* _____ **Capacity** _____

Signature _____
 _____ **Date** | D | D | M | M | Y | Y | Y | Y |

E Details of Beneficiaries

In complying with our obligations under the AML/CFT Act we are required to obtain information relating to the beneficiaries of the Trust.

If the Trust is a Discretionary Trust, Charitable Trust or a Trust with more than 10 Beneficiaries please provide a description of each class or type of beneficiary.

If the Trust is a Charitable Trust please provide details of the objectives of the Trust.

For all other Trusts please provide name and date of birth for each Beneficiary.

Full Name *first, middle and last name*

Date of Birth | D | D | | M | M | | Y | Y | Y | Y | Y | |

Full Name *first, middle and last name*

Date of Birth | D | D | | M | M | | Y | Y | Y | Y | Y | |

Full Name *first, middle and last name*

Date of Birth | D | D | | M | M | | Y | Y | Y | Y | Y | |

Full Name *first, middle and last name*

Date of Birth | D | D | | M | M | | Y | Y | Y | Y | Y | |

Full Name *first, middle and last name*

Date of Birth | D | D | | M | M | | Y | Y | Y | Y | Y | |

F Identity Verification Requirements

To comply with our obligations under the Anti-Money Laundering and Countering the Financing of Terrorism Act (AML/CFT Act) we are required to collect information on the identity and address of our unit holders, any person authorised to act on behalf of our unit holders and any beneficial owner of our unit holders, and to verify this information using relevant identification documents.

The collection and verification of information may vary depending on, amongst other things, client type, country of birth and country of residence. In some instances enhanced due diligence may be required in order to complete the account opening process and ensure our continued compliance with the AML/CFT Act. Identification documents provided must be current at the time of presentation i.e. not expired where an expiry date is applicable to the form of identification.

Certification

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.

Certified documents must include the full name, occupation and an original signature of the certifier and the date of certification. Certification must have been carried out in the three months preceding presentation of the copied documents. The certifier must sight the original documents and make a statement that the documents provided are a true copy and represent the identity of the named individual.

The Certifier

- > must be at least 16 years old
- > cannot be your spouse or partner
- > cannot be related to you
- > cannot live at the same address as you
- > cannot be involved in the transaction or business requiring certification.

PROOF OF IDENTITY

For each Individual or Attorney appointed under a Power of Attorney, please provide the following documents:

Option 1

A certified copy of **one** of the following:

- New Zealand or overseas passport containing your name, date of birth, photograph and signature
- New Zealand firearms licence
Firearms Licence: If you provide us with a certified copy of a Firearms Licence, please also provide a certified copy of a NZ Driver Licence or card issued by a registered bank showing your name and signature in order for us to verify your signature on your Client Agreement.
- A national identity card issued by a foreign government, the United Nations or an agency of the United Nations containing your name, date of birth, photograph and signature



OR

or Option 2 (A New Zealand Driver Licence and a second document from the list below)

A certified copy of:

- New Zealand driver licence

AND a certified copy of one of the following:

- New Zealand full birth certificate
- Certificate of New Zealand or overseas citizenship
- A credit card, debit card or eftpos card issued by a New Zealand registered bank that contains your full name and signature
- A bank statement issued by a New Zealand registered bank in the 12 months immediately preceding the date of the application
- A statement issued to you by a government agency in the 12 months immediately preceding the date of the application e.g. Inland Revenue
- SuperGold card



For Minor (if photo ID is not available)

- Birth Certificate



PROOF OF RESIDENTIAL ADDRESS

A certified copy of one of the following issued within the last three months that includes your name and address:

- Utilities bill
- Rates bill
- Bank account statement
- A statement issued to you by a government agency in the 12 months immediately preceding the date of the application e.g. Inland Revenue



PROOF OF BANK ACCOUNT

Please provide a copy of one of the following:

- A bank encoded deposit slip with pre-printed details of your bank account name and number
- A copy of a cheque for your bank account
- A copy of a bank account statement
- A verification letter or other document of confirmation provided by your bank
- A printed version of your bank account details from your online banking



Please provide a certified copy of **one** of the following:

FOR A TRUST

Documents to verify the trust's structure and arrangements

- Relevant extracts from the trust deed and subsequent deeds of appointment and amendment
- Verification of information on an appropriate register in the country of establishment.



FOR A COMPANY

Documents to verify the company structure, ownership structure and business of the company:

- Certificate of incorporation
- Details of directors
- Financial statements
- Details of shareholders
- Minutes of meetings and resolutions



FOR A PARTNERSHIP

Documents to verify the partnership arrangement, ownership structure and purpose of the partnership:

- A Partnership Agreement or other formal agreement
- Certificate of registration
- Copies of trade registers
- Bank statements



FOR A CLUB OR SOCIETY

Documents to verify the purpose of the club or society and the ownership structure:

- Objects of the club or society
- Constitution, charter or rules
- Type of individuals that benefit from the organisation
- Bank statements
- Minutes of meetings and resolutions

