



QUAYSTREET FUNDS
APPLICATION FORM
COMPANIES AND OTHER ENTITIES

QuayStreet Funds Application Form Companies and Other Entities

Section A must be completed

This completed Application Form should be returned to:

QuayStreet Asset Management Limited
Client Services
PO Box 13155
Tauranga Central
Tauranga 3141
Phone: 0800 782 900

REGISTERED OFFICE ADDRESS

This is the registered office of company.

CLIENT ACCOUNT No.

INVESTMENT ADVISER

This application form is suitable for Companies and Other Entities only. If you are applying on behalf of an individual or trust please contact our Client Services team on 0800 782 900 or email info@quaystreet.com.

A Investor Details

Is this account for:

A Company A Partnership
 An Unincorporated Association (e.g. club) An Incorporated Entity

Name of Company, Incorporated Society, Partnership or Unincorporated Association

Company Number

Country Where Established NZ Other *specify*

Date Established | D | D | | M | M | | Y | Y | Y | Y |

Mailing Address

Post code | | | | |

Registered Office Address *if different from Mailing Address*

Post code | | | | |

Principal Place of Business *if different from Registered Address*

Post code | | | | |

Does the Company have:

Nominee Shareholders Shares in Bearer Form

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*

Section B must be completed

CONTRIBUTIONS

Your contributions will not be invested until you have provided the Manager with an investment direction.

Section C must be completed

LUMP SUM CONTRIBUTIONS

Please note that the minimum lump sum contribution is \$1000.

Section D must be completed

B Fund Selection

Please select the fund(s) you would like to invest in:

QuayStreet Funds	Percentage of contributions (%)
<input type="checkbox"/> QuayStreet Fixed Interest Fund	%
<input type="checkbox"/> QuayStreet Income Fund	%
<input type="checkbox"/> QuayStreet Conservative Fund	%
<input type="checkbox"/> QuayStreet Balanced Fund	%
<input type="checkbox"/> QuayStreet Socially Responsible Investment Fund	%
<input type="checkbox"/> QuayStreet Growth Fund	%
<input type="checkbox"/> QuayStreet New Zealand Equity Fund	%
<input type="checkbox"/> QuayStreet Australian Equity Fund	%
<input type="checkbox"/> QuayStreet International Equity Fund	%
<input type="checkbox"/> QuayStreet Altum Fund	%
TOTAL =100%	

If you choose to invest in more than one fund, this will be subject to approval of the Manager.

QuayStreet Fixed Interest Fund and QuayStreet Income Fund only - please select your preferred option:

	Income Distribution	Income Reinvestment
QuayStreet Fixed Interest Fund	<input type="checkbox"/>	<input type="checkbox"/>
QuayStreet Income Fund	<input type="checkbox"/>	<input type="checkbox"/>

C Contributions

REGULAR CONTRIBUTIONS

Amount \$ Monthly Quarterly 6 Monthly Annually

Funds will be receipted on the 20th of each month

LUMP SUM CONTRIBUTION

Amount \$ _____

D Contributions to be Sourced From

- Nominated bank account - please complete the Direct Debit form on page 15
- Cheque attached - payable to "NZGT QSAM Clearing Account" and crossed non-transferable

Section E must be completed

E Source of Funds and Nature and Purpose of Business Relationship

In complying with our obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act, we are required to obtain:

- > Information relating to the source of funds for an account. Please provide as much detail as possible including dates and amounts e.g. investments, inheritance, trust distribution.

- > Information on the nature and purpose of the relationship between ourselves and clients to allow us to understand our clients' activities over time and to anticipate our clients' transactions and activities. Please select from the list below those that best describe the nature and purpose of your investment:

select all that are applicable

- To receive investment advice
- To help grow savings
- To help generate income
- To obtain access to new issues
- To obtain access to international securities
- To obtain access to a diversified managed fund
- To obtain access to New Zealand, Australian or international securities
- To obtain access to fixed interest or an income generating fund
- Other *please provide as much detail as possible*

Section F must be completed

F Account Details Details of Directors, Partners, Officers or Trustees

Details and identification are required from the following individuals:

For Companies - All Directors

For Incorporated Entities - All Officers

For Partnerships - All Partners. For the Partnership of Trusts, all Trustees.

For other Unincorporated Associations - All Officers

F1 First Director/Partner/Officer/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*

Preferred Name *if different from above*

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 | | | | |

MAILING NAME

This is how you would like your correspondence addressed.

SALUTATION

This is how you would like your communication addressed.

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 email* Post as per mailing address

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender Male Female

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

Town or City of Birth _____

Country of Birth NZ Other *specify* _____

Country of Citizenship NZ Other *specify* _____

Country of Tax 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, military or ministerial position in New Zealand or overseas?

No Yes *specify* _____

Authorisation

Are you authorised to instruct on the Account (i.e. an Authorised Person)?

Yes No

TAXATION DETAILS

What is the 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 _____

F2 Second Director/Partner/Officer/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*

Preferred Name *if different from above*

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 email* Post *as per mailing address*

MAILING NAME

This is how you would like your correspondence addressed.

SALUTATION

This is how you would like your communication addressed.

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender Male Female

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

Town or City of Birth _____

Country of Birth NZ Other *specify* _____

Country of Citizenship NZ Other *specify* _____

Country of Tax 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, military or ministerial position in New Zealand or overseas?

No Yes *specify* _____

Authorisation

Are you authorised to instruct on the Account (i.e. an Authorised Person)?

Yes No

TAXATION DETAILS

What is the 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 _____

F3 Third Director/Partner/Officer/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*

Preferred Name *if different from above*

Mailing Name

Preferred Salutation *if different from mailing name*

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

MAILING NAME

This is how you would like your correspondence addressed.

SALUTATION

This is how you would like your communication addressed.

G Investor Declaration and Signatures

I/we confirm that I/we on behalf of the Investor (if applicable):

1. Have received a copy of the QuayStreet Funds Product Disclosure Statement and have received satisfactory answers to my/our questions (if any);
2. Understand that further information is available to me/us on the offer register: **business.govt.nz/disclose**;
3. Make application to invest and agree to be bound by the terms and conditions contained in the Product Disclosure Statement and associated documents;
4. Acknowledge that should my/our interest in a Fund become less than the PIE tax liability payable on income allocated to me/us at my/our advised Prescribed Investor Rate, I/we will indemnify the Fund for that amount (including any penalties or interest);
5. Where I/we have provided information about any other individual, I/we will make that individual aware that their information will be held by QuayStreet Asset Management Limited ("QuayStreet") and its related entities and the Supervisor and may be disclosed to the Investment Adviser noted on this Application and to any administrator, auditor, tax adviser, custodian, or service provider as required for the proper maintenance of the investment. Their information may also be disclosed to the Financial Markets Authority. I/we understand that none of the Supervisor, QuayStreet, or any other representative, related entities or any other person guarantees the performance or obligations of the Funds;
6. Understand that I/we may request to see and, if necessary, request the correction of the personal information;
7. Agree that by providing the email address on this application form, QuayStreet (or its related entities) may provide information by email regarding this investment;
8. Acknowledge that QuayStreet has not provided financial or investment advice in respect of my/our participation in the QuayStreet Funds.
9. Agree to receive by email (or otherwise) information regarding other products and services of QuayStreet group or its related entities; or
 I/we do not wish to receive email (or other) information regarding other products and services of QuayStreet or its related entities.
10. Acknowledge I/we are aware of the limitations of class advice.
11. The entity named in Section A of this Application Form is a US citizen or considered to be a US resident for US tax purposes.
 Yes No

G2 Signatures

Instructions for Signing

The following individuals must sign the Application Form and indicate their capacity (i.e. Director, Officer, Trustee, Partner, Witness, Attorney for <name of Director, Officer, Partner, Trustee>).

For Companies – This Application Form must be signed by:

- > Those Directors in accordance with the signing authority for the Company; or
- > If there is only one director, by that director whose signature must be witnessed; or
- > One or more attorneys appointed by the Company in accordance with section 181 of the Companies Act 1993.

For Incorporated Entities – The Officers authorised by its rules to act on behalf of the Entity.

For Partnerships – All Partners. For the Partnership of Trusts, all Trustees.

For Unincorporated Associations – The Officers authorised to act on behalf of the Unincorporated Association, by its rules.

Where a person is signing as Attorney for an Applicant, a copy of the Power of Attorney must be provided and the Certificate of Non-Revocation of Power of Attorney must be completed and returned to QuayStreet Asset Management Limited with this Application Form.

SIGNING AS ATTORNEY

If you are signing this application form as attorney for an applicant, please contact QuayStreet Asset Management Limited to obtain a Certificate of Non-Revocation of Power of Attorney, that must be signed in conjunction with this application form.

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 |

You are required to return the Application Form within one month from the date of signing, otherwise we may, at our sole discretion require you to complete a new Application Form or provide additional documentation to verify information in the Application Form.

QuayStreet Asset Management Limited will retain the original copy of this Application Form. Please contact us if you require a copy for your records. If this Application Form is completed and sent to QuayStreet Asset Management Limited electronically, please ensure that the original Application Form is sent to us by post.

Section H must be completed

IDENTITY VERIFICATION

Identity verification documents held by QuayStreet Asset Management Limited must always be current, hence you may be asked to update your identity verification documents from time to time.

QuayStreet Asset Management Limited may request to sight the original of any identity verification document that has been copied and used by you for identity verification purposes.

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.

PHOTO ID

Photo ID provided must be of a quality to enable the person's identity to be verified.

IDENTITY OF A MINOR

Must be verified by providing photo ID (including proof of age), or if not available, by providing a certified copy of the minor's birth certificate.

H 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.

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

QuayStreet Funds Direct Debit Form

Account Information

Name of account to be debited:

Account to be debited

<input type="text"/>																			
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Bank

Branch

Account Number

Suffix

To: **The Manager:** Please print full postal address clearly

Bank:

Branch:

Address:

**AUTHORITY TO
ACCEPT
DIRECT DEBITS**

*(Not to operate as an
assignment or agreement)*

Authorisation code:

0	3	3	2	1	6	7
---	---	---	---	---	---	---

Date:

I/we authorise you until further notice in writing to debit my/our account with all amounts which NZGT as Supervisor for QuayStreet Funds (herein after referred to as the Initiator), the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/we acknowledge and accept that the Bank accepts this Authority only upon the conditions listed on the rear of this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars:

<input type="text"/>																			
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Payer Code:

<input type="text"/>																			
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Payer Reference:

<input type="text"/>																			
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Name of Account:
(Customer to complete)

Authorised Signature(s):

<input type="text"/>	<input type="text"/>
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APPROVED

3216

08

14

FOR BANK USE ONLY

Date Received

Recorded by

Checked by

Original - retain at branch
Copy - forward to Initiators if requested

**BANK
STAMP**

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

- (a) Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting **at least 10 calendar days** (but not more than 2 calendar months) before the date when the Direct Debit will be initiated. This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically).

The advance notice will include the following message:

“Unless advice to the contrary is received from you by (date*), the amount of \$..... will be directly debited to your Bank account on (initiating date).”

*This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.

- (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- (c) May, upon receiving written notice (dated after the date of this Authority) from a bank to which I/we have transferred my/our account, initiate Direct Debits in reliance of that written notice and this Authority from the account identified in the written notice.

2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank **prior** to the Direct Debit being paid by the Bank.

3. The Customer acknowledges that:

- (a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
- (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other dispute lies between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:
- The accuracy of information about Direct Debits on Bank statements; and
 - Any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may;

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this Authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.

SEND APPLICATION FORM TO:

- > **QuayStreet Asset Management Limited**
- > **Client Services**
158 Cameron Road,
PO Box 13155,
TAURANGA 3141
- > Telephone: **0800 782 900**
- > Email: info@quaystreet.com
- > Website: www.quaystreet.com



QUAYSTREET®
ASSET MANAGEMENT

P. 0800 782 900 // E. INFO@QUAYSTREET.COM
LEVEL 36 VERO CENTRE, 48 SHORTLAND STREET, AUCKLAND CENTRAL 1010 NZ // QUAYSTREET.COM
FUND MANAGERS: PO BOX 1196, SHORTLAND STREET, AUCKLAND 1140
CLIENT SERVICES: PO BOX 13155, TAURANGA CENTRAL, TAURANGA 3141