



QUAYSTREET FUNDS  
APPLICATION FORM  
TRUST OR DECEASED ESTATE

# QuayStreet Funds Application Form Trust / Deceased Estate

## Section A1 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

This application form is suitable for a trust or deceased estate only. If you are applying on behalf of an individual or a company please contact our Client Services team on 0800 782 900 or email [info@quaystreet.com](mailto:info@quaystreet.com).

## A1 Investor Details

**Name of Trust or Deceased Estate** *please insert the full name of the Trust/Deceased Estate*

---

---

**Type of Trust** *please select one*

 Family Charitable Estate Other *please specify*

**Trust Description** *please select one*

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

**Country Where Trust was Established** *please select one*

 NZ Other *please specify*

**Duration of Trust**

**Date Trust was created** | D | D | M | M | Y | Y | Y | Y |

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

 No Yes, please provide registration number \_\_\_\_\_

**Mailing Address**

---

---

**Post code** | | | | |

## CONTACT DETAILS & COMMUNICATIONS

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

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

CLIENT ACCOUNT No.

---

INVESTMENT ADVISER

---

## A2 Taxation Information for the Investor

Please contact your tax adviser if you have any queries regarding this section.

### PIR

A PIR is the rate at which income from a PIE is taxed and is based on your taxable income.

#### Your Financial Year

1 April to 31 March

Other *specify* \_\_\_\_\_

#### Taxation - PIR

Prescribed Investor Rate (PIR):  0%  10.5%  17.5%  28%

What is the Trust or Deceased Estate's country of residence for tax purposes?

\_\_\_\_\_

#### IRD Number

|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

#### FATCA

Is the entity a foreign financial institution?

Yes, please provide GIIN  No

#### GIIN Number

|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

*(Global Intermediary Identification Number - required for foreign financial Institutions under FATCA)*

Is the entity an Exempt Beneficial Owner?

Yes  No

Is the entity a Non-Financial Foreign Entity (NFFE) under the Foreign Account Taxation Compliance Act (FATCA)?

Yes  No

If Yes, what is the primary source of income under the FATCA definitions?

Active Income  Passive Income

### NFFE

Non-Financial Foreign Entity is a foreign (i.e. New Zealand) entity that is excluded from the definition of a foreign financial institution. Foreign financial institutions include entities that: are in the ordinary course of banking or similar business, hold financial assets for the account of others, carry on the business of investing, managed by another financial institution, a trustee that is a financial institution.

Please consult a professional adviser if you are unsure as to whether your entity is a FFI or NFFE.

### ACTIVE OR PASSIVE INCOME

Is in relation to the primary source of income for the business (i.e. greater than 50% of income generated). Active refers to entities carrying on an activity with goods or services. Passive income includes such sources as: dividends, interest, rents and royalties.

Please consult a professional adviser if you have any queries regarding the primary source of income for your entity.

#### 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 \_\_\_\_\_

### PIR OF 0%

If you have a PIR of 0%, you are required to include any attributed PIE income or loss in your company's, trust's tax return.

### NON-RESIDENT PIR

Please refer to the Inland Revenue Department, [ird.govt.nz](http://ird.govt.nz), if you are unsure of your PIR.

### TESTAMENTARY TRUST

If your trust is a Testamentary Trust, you may also elect a PIR of 10.5%.

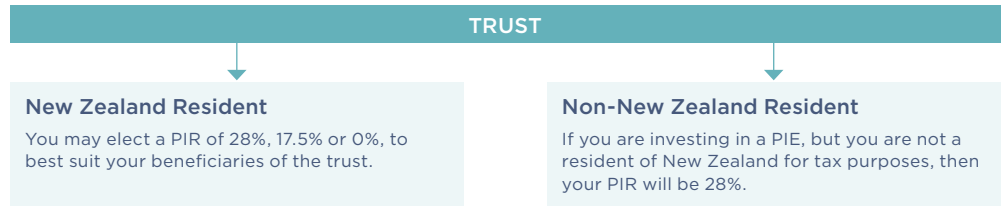
Section B must be completed

### CONTRIBUTIONS

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

## A3 Work out your Prescribed Investor Rate (PIR)

A PIR is required if you have invested in, or are considering investing in a Portfolio Investment Entity (PIE).



## 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	%
<b>TOTAL</b>	<b>=100%</b>

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"/>

Section C must be completed

### C Contributions

#### REGULAR CONTRIBUTIONS

Amount \$ \_\_\_\_\_  Monthly  Quarterly  6 Monthly  Annually

Date of First Contribution | 2 | 0 | M | M | Y | Y | Y | Y |

Funds will be receipted on the 20th of each month

#### LUMP SUM CONTRIBUTION

Amount \$ \_\_\_\_\_

#### LUMP SUM CONTRIBUTIONS

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

Section D must be completed

### 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

### IF THE ACCOUNT IS FOR TWO TRUSTS OWNING SECURITIES TOGETHER

Please give full details of the Trustees for each Trust. At least one Trustee/Executor must be an Authorised Person and be recorded in this section.

### MAILING NAME

This is how you would like your correspondence addressed.

### SALUTATION

This is how you would like your communication addressed.

## F Details of Trustees or Executors

Details are required from the following:

> For Trusts – All Trustees.

> For Deceased Estates – All Executors.

### F1 First Trustee or Executor

*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*

### 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*

**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

**Authorisation**

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

Yes  No

**F2 Second Trustee or Executor**

*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

**MAILING NAME**

This is how you would like your correspondence addressed.

**SALUTATION**

This is how you would like your communication addressed.

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* \_\_\_\_\_

### 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 \_\_\_\_\_

#### Authorisation

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

Yes  No



**MAILING NAME**

This is how you would like your correspondence addressed.

**SALUTATION**

This is how you would like your communication addressed.

**F3 Third Trustee or Executor**

*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*

**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* \_\_\_\_\_

## 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

### Authorisation

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

Yes  No

Complete if applicable

## F4 Company as Trustee

Role *please select one*

Executor  Trustee  Advisory Trustee  Protector

### COMPANY NAME & ADDRESS

Company Name

Company Number  Country where Established  NZ  Other *specify*

Date Established

Mailing Address

Post code

Registered Office Address *if not the same as mailing address*

Post code

Principal Place of Business *if not the same as registered office*

Post code

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

Work Ph  Mobile

Facsimile  Post *as per mailing address*

Email

Does the Company have:

Nominee Shareholders  Shares in Bearer Form

GIIN Number

(Global Intermediary Identification Number - required for foreign financial Institutions under FATCA)

Exempt Beneficiary

Yes  No

### REGISTERED OFFICE ADDRESS

This is the registered office of the company.

### GIIN

Companies which appoint an investment adviser with a discretionary mandate will be considered 'professionally managed' and therefore Financial Institutions and will require a Global Intermediary Identification Number (GIIN).

**A BENEFICIAL OWNER**

A Beneficial Owner is a person who has effective control of the Company or a person who owns 10% or more of the entity.

**Are you a Non-Financial Foreign Entity (NFFE) under the Foreign Account Taxation Compliance Act (FATCA)?**

Yes  No

**If Yes to the above are you active or passive under the FATCA definitions?**

Active  Passive

**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

**IDENTITY VERIFICATION FOR THE COMPANY**



Copy of Certificate of Incorporation

**Authorisation**

Are you authorised to instruct on the Account (i.e. an Authorised Person)?  Yes  No

**DETAIL OF BENEFICIAL OWNERS**

Please provide details of ALL Beneficial Owners for the Company below and complete an Additional Individual Details Form provided in Section K for each person who has not already provided their personal details. Your Investment Adviser can provide additional copies.

Full Name	Relationship to Company	% Held
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Person Authorised to act on behalf of the Company as Trustee**

If the Company acting as Trustee is authorised to instruct on the Account, please provide us with the name of the person who is authorised to act on behalf of the Company.

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 NAME**

This is how you would like your correspondence addressed.

**SALUTATION**

This is how you would like your communication addressed.

Mailing Address *if not the same as business address*

Post code | | | | |

Relationship to Company

### 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*

### TAXATION DETAILS

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

### 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*

## F5 First Settlor

### NAME & ADDRESS

Title *please select one*

Mr  Mrs  Miss  Ms  Dr  Other \_\_\_\_\_

Full Name *first, middle and last name*

Preferred Salutation

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

\_\_\_\_\_ Post code | | | | |

### 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* \_\_\_\_\_

### 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 \_\_\_\_\_

### Authorisation

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

Yes  No

## F6 Second Settlor

### NAME & ADDRESS

Title *please select one*

Mr     Mrs     Miss     Ms     Dr     Other

Full Name *first, middle and last name*

Preferred Salutation

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

Post code | | | | |

### 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*

### 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

#### Authorisation

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

Yes     No

## F7 Third Settlor

### NAME & ADDRESS

Title *please select one*

Mr    Mrs    Miss    Ms    Dr    Other

Full Name *first, middle and last name*

Preferred Salutation

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

Post code | | | | |

### 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*

### 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

#### Authorisation

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

Yes    No

## F8 Listed Entity Director/Officer Details

Is any Trustee/Executor/Settlor/Authorised Person/Power of Attorney a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange?

Yes  No

If 'Yes', please complete the Director/Officer details below.

### LISTED ENTITY DIRECTOR/OFFICER DETAILS

Director/Officer Name \_\_\_\_\_

Relationship to Listed Entity \_\_\_\_\_

Listed Entity Name \_\_\_\_\_

Registered Exchange \_\_\_\_\_

Director/Officer Name \_\_\_\_\_

Relationship to Listed Entity \_\_\_\_\_

Listed Entity Name \_\_\_\_\_

Registered Exchange \_\_\_\_\_

## F9 Authorisation to Transact on behalf of the Investor

**Single Authorisation** - Tick if any one person can authorise a transaction on this account.

**Multiple Authorisation** - Tick if more than one person must authorise a transaction on this account and please indicate below which persons (including any authorised persons) are required to jointly authorise a transaction.

Name *first, middle and last name*

\_\_\_\_\_  
Name *first, middle and last name*

\_\_\_\_\_  
Name *first, middle and last name*

### A BENEFICIAL OWNER

A Beneficial Owner is a person who has effective control of the Company or a person who owns 10% or more of the entity.

## F10 Detail of Beneficial Owners

Please provide details of ALL Beneficial Owners for the Trust/Estate below and complete an Additional Individual Details Form for each person who has not already provided their personal details. Your Investment Adviser can provide additional copies.

Full Name	Relationship to Company	% Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Section G must be completed

## G Detail 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 | D | D | M | M | Y | Y | Y | Y |

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

---

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

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

---

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

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

---

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

Section H must be completed

## 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.

## H Trustee Certificate

To be completed by ALL Trustees investing in QuayStreet Asset Management on behalf of a Trust.

**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

\* 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.

**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 QuayStreet Asset Management 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 QuayStreet Asset Management 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 QuayStreet 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 QuayStreet Asset Management (jointly/jointly and severally) on behalf of the Trust.

Full Name *first, middle and last name*

---

Capacity

---

Full Name *first, middle and last name*

---

Capacity

---

Full Name *first, middle and last name*

---

Capacity

---

Full Name *first, middle and last name*

---

Capacity

---

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 QuayStreet Asset Management 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 | D | | M | M | M | | Y | Y | Y | Y | Y | Y |

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

Capacity

Signature

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

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

Capacity

Signature

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

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

Capacity

Signature

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

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

Capacity

Signature

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

**Section I must be completed**

**INSTRUCTIONS FOR SIGNING**

All Trustees, Executors authorised on the Account or their respective Attorneys (if applicable) must sign the Application Form and indicate their capacity - (i.e. Trustee, Executor or Attorney for the <Name of Trustee/Executor>, Witness). If the Trustee is a Company, this Client Agreement 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

**I Investor Declaration and Signatures**

I/we as Trustee (s)/Executor(s), 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 (including Craigs Investment Partners Limited) and may be disclosed to the Investment Adviser noted on this Application and to any administrator, auditor, tax adviser, supervisor, custodian, or service provider as required for the proper maintenance of the investment. QuayStreet the Supervisor and related entites may disclose personal information to the Financial Markets Authority
6. Understand that I/we may request to see and, if necessary, request the correction of the personal information;

> One or more attorneys appointed by the Trustee in accordance with section 181 of the Companies Act 1993

Where a person is signing as Attorney for the Trustee/Executor, a copy of the Power of Attorney must be provided, and the Certificate of Non-Revocation of Power of Attorney provided (available on our website [www.quaystreet.com](http://www.quaystreet.com)) must be completed and returned to QuayStreet Asset Management with this Application Form.

#### EXERCISE CONTROL

Those who exercise control may include Trustees, Directors of Trustees Companies, Beneficiaries, Settlers, a Person with Power appointed under the deed.

#### CAPACITY

Please enter the 'Capacity' in which you are signing this Application Form i.e. Self; Attorney for the Client; Director; Partner; Officer; Trustee; Executor; Witness.

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 Asset Management Limited ("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 the QuayStreet group or its related entities.
10. Acknowledge I/we are aware of the limitations of class advice.
11. **Is the trust/deceased estate or any persons who exercise control over the trust/deceased estate named in Section A of this Application Form a US citizen or considered to be a US resident for US tax purposes?**  
 Yes       No

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.

This page is left intentionally blank

Section G 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.

## G 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

### 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

# Direct Debit Form

## Account Information

Name of account to be debited:

Account to be debited

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

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 you all amounts which -

*(hereinafter 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 this form.

## INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars:

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

Payer Code:

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

Payer Reference:

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

Name of Account:

*(Customer to complete)*

Authorised Signature(s):

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

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 two 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](mailto:info@quaystreet.com)
- > Website: [www.quaystreet.com](http://www.quaystreet.com)



**QUAYSTREET**  
ASSET MANAGEMENT

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