



QUAYSTREET FUNDS
APPLICATION FORM
INDIVIDUAL / JOINT

PORTFOLIO SELECTION GUIDE

How to identify which Portfolio may suit your risk profile


Complete the following questionnaire. Circle **one** response per question that is most appropriate for you.

Q1. What age bracket are you in?	CIRCLE ONE
> Under 35 years	10
> 36 to 45 years	7
> 46 to 55 years	4
> Over 56 years	1

Q2. What is your investment time frame?	
> Less than 5 years	1
> Between 5 & 7 years	4
> Between 8 & 10 years	7
> Greater than 10 years	10

Q3. Investment funds may rise and fall in value. Which statement best describes your feelings towards fluctuations in value?	
> I wish to preserve my capital and am unwilling to accept any decline in the value of my investment.	1
> I can accept only marginal fluctuations in the value of my investments.	3
> I understand that pursuing higher returns may mean accepting fluctuations in the value of my investments.	5
> I can accept a reasonable degree of fluctuations in the value of my investments.	7
> My aim is to achieve long-term growth. I can accept a higher degree of fluctuations in the value of my investments.	10

Q4. Choose the statement that best describes your feelings towards investments	
> I prefer an investment portfolio with virtually no risk, recognising there may be no capital growth potential.	1
> I prefer an investment portfolio of lower to medium-risk funds that offers conservative growth potential.	3
> I prefer an investment portfolio of medium-risk funds that offers balanced growth potential over a medium term.	5
> I prefer an investment portfolio of medium to higher-risk funds with higher potential returns over a longer term.	7
> I prefer higher-risk investments that offer the highest potential returns over the longer term.	10

 YOUR TOTAL SCORE.	
Add up the number that corresponds to each of your circled responses for questions 1 to 4.	
	TOTAL

YOUR SCORE	CONSIDER THESE PORTFOLIO OPTIONS
Lower Risk: Less than 15	consider the QuayStreet Income, QuayStreet Fixed Interest or QuayStreet Conservative Funds.
Medium Risk: 16 to 29	consider the QuayStreet Balanced Fund or QuayStreet Socially Responsible Investment Funds.
Higher Risk: 30 and above	consider the QuayStreet Growth, QuayStreet New Zealand Equity, QuayStreet Australian Equity, QuayStreet International Equity and QuayStreet Altum Funds.

Please bear in mind that this is only a guide and is not a substitute for a detailed investment plan. This information is not personalised financial advice and does not take into account your particular situation. We recommend you seek advice before making any investment decision. Investments are subject to risks and returns are not guaranteed. If you have completed this guide, and would like to discuss your findings and investment opportunities, contact QuayStreet Asset Management on 0800 782 900.

QuayStreet Funds Application Form

Section A1 must be completed

This completed Application Form should be returned to:

QuayStreet Asset Management Limited
PO Box 13155
Tauranga Central
Tauranga 3141

Phone: 0800 782 900

MAILING NAME

This is how you would like your correspondence addressed.

INTERNAL USE ONLY

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

This application form is suitable for individuals only. If you are applying on behalf of a trust or company please contact our QuayStreet Team on 0800 782 900 or email info@quaystreet.com.

A Account Details

If the applicant is a minor (individual under the age of 18 years), a parent or guardian of the minor will need to complete Section A1 and the Minor Section A3.

A1 Individual or Primary (First) Applicant

Main contact for this account / Parent or Guardian of a minor

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

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

Postcode | | | | |

Mailing Address *if not the same as residential address*

Postcode | | | | |

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 Post as per mailing address

Email

How would you like to receive your reports?

Electronically 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 Residency NZ Other *specify* _____

New Zealand Residency Status *tick one box only*

Permanent Resident/Citizen Resident Visa Work Permit

Long Term Business Visa Other *specify* _____

Occupation & Employer

Occupation _____ Retired

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* _____

TAX DETAILS

Country of Tax Residence NZ Other *please specify* _____

IRD Number | | | | | | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No Yes No

FOREIGN TAX DETAILS

Please provide your TIN for each country/jurisdiction of tax residency indicated.

If a TIN is unavailable please provide the appropriate reason a, b or c where indicated below:

- a) the country/jurisdiction does not issue TINs to its residents
- b) you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)
- c) no TIN is required (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

**If no TIN available
please select reason
a, b or c from above
if applicable**

Country/Jurisdiction of Tax Residence	TIN	
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please explain why you are unable to obtain a TIN if you selected reason **b** above.

A2 Joint (Second) Applicant

The Joint (Second) Applicant should only fill out details in this section that are different from the Primary Applicant.

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

Please contact your tax adviser if you require assistance completing this section.

COUNTRY OF TAX RESIDENCE

In general, you will find that tax residence is the country/jurisdiction in which you live.

FOREIGN TAX DETAILS

Please refer to the Tax Residency Self-Certification Form Guidance note in section J.

If you answered yes, to the US question please provide us with one of the following US Tax Identification Numbers (TIN)

- Social Security Number "SSN"
- Employer Identification Number "EIN"
- Individual Taxpayer Identification Number "ITIN"
- Taxpayer Identification Number for Pending U.S. Adoptions "ATIN"
- Preparer Taxpayer Identification Number "PTIN"

Complete Section A2 if applicable

MAILING NAME

This is how you would like your correspondence addressed.

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

Postcode | | | | |

Mailing Address *if not the same as residential address*

Postcode | | | | |

Relationship with Primary Applicant *e.g. wife, husband, partner*

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 Post as per mailing address

Email

How would you like to receive your reports?

Electronically 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 Residency NZ Other *specify*

New Zealand Residency Status *tick one box only*

Permanent Resident/Citizen Resident Visa Work Permit

Long Term Business Visa Other *specify*

Occupation & Employer

Occupation Retired

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*

TAX DETAILS

Country of Tax Residence NZ Other *please specify*

IRD Number | | | | | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No Yes No

Please contact your tax adviser if you require assistance completing this section.

COUNTRY OF TAX RESIDENCE

In general, you will find that tax residence is the country/ jurisdiction in which you live.

FOREIGN TAX DETAILS

Please refer to the Tax Residency Self-Certification Form Guidance note in section J.

If you answered yes, to the US question please provide us with one of the following US Tax Identification Numbers (TIN)

- Social Security Number "SSN"
- Employer Identification Number "EIN"
- Individual Taxpayer Identification Number "ITIN"
- Taxpayer Identification Number for Pending U.S. Adoptions "ATIN"
- Preparer Taxpayer Identification Number "PTIN"

FOREIGN TAX DETAILS

Please provide your TIN for each country/jurisdiction of tax residency indicated.

If a TIN is unavailable please provide the appropriate reason a, b or c where indicated below:

- a) the country/jurisdiction does not issue TINs to its residents
- b) you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)
- c) no TIN is required (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of Tax Residence	TIN	If no TIN available please select reason a, b or c from above if applicable
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please explain why you are unable to obtain a TIN if you selected reason b above.

A3

Minor (Individual under 18 years)

The Minor's details should be filled out by a parent or guardian.

NAME & ADDRESS

Title please select one

Mr Mrs Miss Ms Other _____

Full Name first, middle and last name

Preferred Name if different from above

MAILING NAME

This is how you would like your correspondence addressed.

Mailing Name

Residential Address where you live, not a PO Box number

_____ Postcode | | | | |

Mailing Address if not the same as residential address

_____ Postcode | | | | |

Relationship with Primary Applicant e.g. mother, father, guardian

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 Post as per mailing address

Email

How would you like to receive your reports?

Electronically

Post as per mailing address

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender Male Female

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

Town or City of Birth _____

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/Citizen

Resident Visa

Work Permit

Long Term Business Visa

Other *specify* _____

Occupation & Employer

Occupation _____ Retired

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* _____

TAX DETAILS

Country of Tax Residence NZ Other *please specify* _____

IRD Number | | | | | | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No Yes No

FOREIGN TAX DETAILS

Please provide your TIN for each country/jurisdiction of tax residency indicated.

If a TIN is unavailable please provide the appropriate reason a, b or c where indicated below:

- a) the country/jurisdiction does not issue TINs to its residents
- b) you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)
- c) no TIN is required (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of Tax Residence	TIN	If no TIN available please select reason a, b or c from above if applicable
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

INDIVIDUAL INVESTOR

Income details are for the two income years prior to the tax year the PIR is to be applied.

* **Joint accounts:** Individuals need to calculate PIRs separately, and the highest income is used.

TRANSITIONAL RESIDENTS

Transitional residents may need to include their overseas income when determining their PIR, and should obtain professional advice when selecting a PIR. An individual is a "transitional resident" provided that she or he has not been a tax resident in New Zealand during the last 10 years, has never been a transitional resident before, is now resident in New Zealand and does not elect out of the transitional residents' regime.

TRUST

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

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 or estate's tax return.

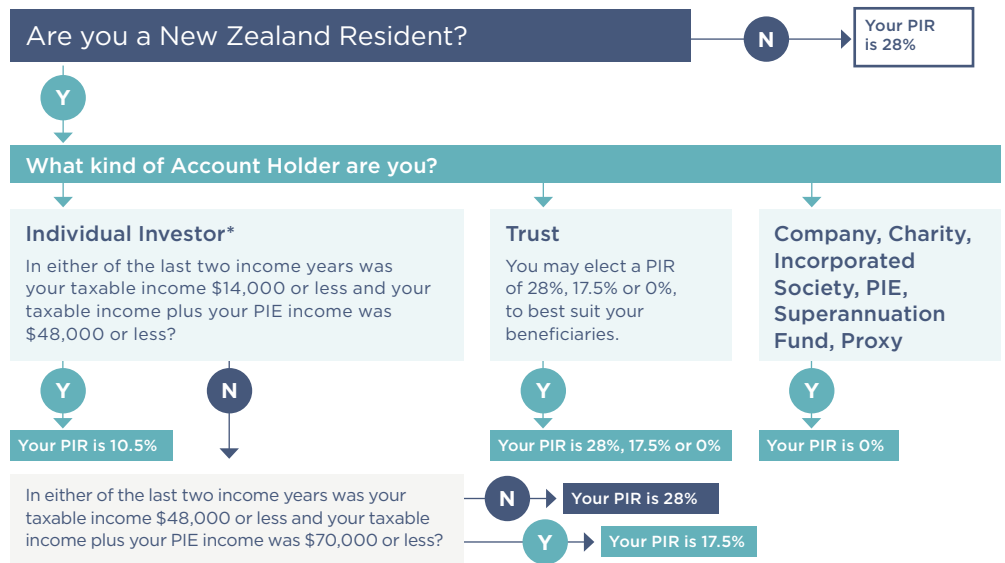
Section C must be completed

Section D must be completed

B1 Prescribed Investor Rate (PIR)

How to 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).



C NZX Prescribed Person Confirmation

QuayStreet Asset Management is a wholly owned subsidiary of Craigs Investment Partners Limited.

As an NZX Market Participant, Craigs Investment Partners Limited is prohibited under the NZX Participant Rules from buying or selling securities for a Prescribed Person of any other NZX Firm.

Are you or any person associated with this account one of the following:

- a Director, Partner, Managing Principal, Responsible Executive, shareholder or employee of an NZX Market Participant; or
- the spouse, de facto partner or dependent child of a person referred to in (a).

Yes please provide details below No

NZX Prescribed Person Details

Account holder/Associated person _____

NZX Firm _____

NZX Employee Name _____

Position _____

D Listed Entity Director/Officer Details

Is any Applicant or Authorised Person 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 _____

Section E must be completed

CONTRIBUTIONS

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

Section F must be completed

LUMP SUM CONTRIBUTIONS

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

Relationship to Listed Entity

Listed Entity Name

Registered Exchange

E Portfolio 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.

E1 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"/>

F Contributions

F1 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

Regular contribution funds are to be sourced from

Nominated bank account - please complete the Direct Debit form on page AF15

F2 Lump Sum Contribution

Amount \$ _____

Lump sum investment funds are to be sourced from *select one only*

Direct Credit - payable to NZGT Supervisor for QuayStreet Funds
Westpac New Zealand 03-0104-0589315-00

Cheque attached - payable to 'NZGT QSAM Clearing Account' for QuayStreet Funds
and crossed non-transferable

G 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 obtain access to a diversified managed fund
- To help grow savings
- To obtain access to funds that invest in 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 G must be completed

H Investor Declaration and Signatures

1. I/we have received a copy of the QuayStreet Funds Product Disclosure Statement and have received satisfactory answers to my/our questions (if any);
2. I/we understand that further information is available to me/us on the offer register: business.govt.nz/disclose;
3. I/we make this application to invest in the QuayStreet Funds and agree to be bound by the terms and conditions contained in the Product Disclosure Statement and associated documents;
4. I/we 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. 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. I/we acknowledge that QuayStreet has not provided financial or investment advice in respect of my/our participation in the QuayStreet Funds;
7. I/we acknowledge I/we are aware of the limitations of class advice;
8. I/we understand that the Supervisor and QuayStreet and their related entities (including Craigs Investment Partners Limited) will hold personal information in respect of me/us supplied in this form (and which I/we may provide in the future) in relation to my/our investment. I/we consent to the Supervisor and QuayStreet and related entities using my/our information to verify my/our identity, to process this application and manage my investment. QuayStreet can disclose my/our personal information to my/our Investment Adviser and to any administrator, auditor, tax adviser, contractor, Supervisor and custodian, any adviser or person as required for the proper maintenance of the investment;
9. Without limiting the Terms and Conditions, I/we acknowledge that the information contained in this Application Form and in relation to any Reportable Account(s) may be provided to the Inland Revenue Department and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
10. Without limiting the Terms and Conditions, I/we confirm that if Electronic Identity and Address Verification was selected in this form, I/we consent to QuayStreet (including Craigs Investment Partners Limited) using the personal information that I/we have provided to verify my/our identity electronically and where necessary disclosing the information to external and independent agencies for the purpose of matching my/our information with identification information held in third party databases including the Department of Internal Affairs, the New Zealand Transport Authority and a credit reporting agency.
11. I/We undertake to advise QuayStreet within 30 days of any change in circumstances which:
 - a. affects the tax residency status of any person associated with this account; or
 - b. causes the information contained herein to become incorrect or incomplete;and, if so, to provide QuayStreet with a suitably updated self-certification and declaration within 60 days of such change in circumstances.
12. I/we authorise the Supervisor, QuayStreet and its related entities to disclose my/our personal information to the Financial Markets Authority under the Financial Markets Conduct Act 2013 or where required to comply with laws in New Zealand or overseas;
13. I/we understand that I/we may request to see and, if necessary, request the correction of the personal information;
14. I/we agree that by providing my/our email address on this application form, QuayStreet may provide information by email to me/us regarding this investment (including annual reports);
15. I/we also agree to receive by email (or otherwise) information regarding other products and services of QuayStreet or its related entities; or
 I/we confirm that the information supplied on this application form is correct.

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.

CAPACITY

Please enter the 'Capacity' in which you are signing this Application Form i.e. Self; Attorney for the Client; Parent or Guardian for a Minor.

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.

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

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.

EXAMPLE WORDING TO BE USED ON CERTIFICATION

"I certify this to be a true copy of the original document which I have sighted, and where it is an identity document, represents the identity of the named individual in the document; Signature, Full Name, Occupation, Date."

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.

I Manual 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.

Alternative, original documents can be sighted by your Craigs Investment Partners adviser.

II Proof of Identity for an Adult

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



12 Proof of Identity for a Minor

Please provide a certified copy of the following:



Required

- Full birth certificate - for Minor; **and**
- Parent/Guardians proof of identity (as above in section I1)
- New Zealand or overseas passport containing the minors name, date of birth, photograph and signature (if available); **and**

If Guardian

- Guardianship Order (if relevant)

13 Proof of Residential Address

A certified copy or original 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

14 Proof of Bank Account

Please provide an original or certified 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 your 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

J**Tax Residency Self-Certification Guidance**

Please read these instructions before completing your foreign tax details.

Legislation to implement the OECD Common Reporting Standard (“CRS”) and the US Foreign Account Tax Compliance Act (“FATCA”) in New Zealand require Craigs Investment Partners to collect and report certain information about our clients’ tax residence. Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if you are resident in the jurisdiction on the OECD Automatic Exchange of Information portal. In general, you will find that tax residence is the country/jurisdiction in which you live. Special circumstances may cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual residency). If you are a U.S. citizen or tax resident under U.S. law, you should indicate that you are a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form. For more information on tax residence, please consult your tax adviser or the information at the OECD Automatic Exchange of Information portal.

If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside New Zealand, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the Inland Revenue Department and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

As a financial institution, we are not allowed to give tax advice.

Your tax adviser may be able to assist you in answering specific questions on this Client Agreement. Your domestic tax authority can provide guidance regarding how to determine your tax status.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD Automatic Exchange of Information portal and the Inland Revenue Department website.

QuayStreet Funds 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<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"/>
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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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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