

New individual/joint investor application

Integral Master Trust

Use this form to set up a new individual or joint account and please complete all Sections.

1. Investor details

Investor type (choose one only)

A ☐ Individual and joint account holders (for joint accounts complete both Investor 1 and Investor 2 below)

B ☐ Investment on behalf of a minor

Name of minor investor:

Relationship to minor investor:

Age at which the above-named investor(s) may have control of this investment:

Investor (1)

Investor number:
(office use)

Title:

Full name:

Preferred name:

Date of birth:

Residential address:

Postcode:

Postal address:
(if different)

Postcode:

Preferred contact number:

Email:

PIR: ☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28% (default if not selected)
(Prescribed Investor Rate)

IRD number:

☐ I have provided my identity and proof of address documents as detailed in Section 9.

☐ I am the primary contact for correspondence purposes

Investor (1) - continued

NZ Tax residency (Please tick either a, b or c to confirm)

- ☐ a. I am a tax resident in NZ only (Proceed to Investor 2 or Section 2 if no second investor).
- ☐ b. I am a tax resident in NZ and in another country or jurisdiction (Complete remaining tax residency questions).
- ☐ c. I am an overseas tax resident only and not a tax resident in NZ (Complete remaining tax residency questions).

Confirmation of tax residency other than NZ or US

Country/countries of residency	Tax identification number type	Tax identification number*

*If you have not been issued with a tax identification number (TIN) or are unable to obtain the equivalent please indicate "N/A" (not applicable) and circle the reason below:

- Reason A** The country of tax residency does not issue TINs to tax residents.
- Reason B** The individual has not been issued with a TIN.
- Reason C** The country of tax residency does not require the TIN to be disclosed.
- Reason D** Other - please explain below.

Confirmation of my US tax status (Please tick either a, b or c and complete as appropriate.)

- ☐ a. I confirm that **I am not** a US citizen or resident in the US for tax purposes.
- ☐ b. I confirm that **I am** a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number (US TIN) is as follows:
-
- ☐ c. I confirm that I was born in the US (or a US territory) but **I am no longer** a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

Investor (2)

Investor number:
(office use)

Title:

Full name:

Preferred name:



Investor (2) - continued

Date of birth: / /

Residential address:

Postcode:

Postal address:
(if different)

Postcode:

Preferred contact number:

Email:

PIR: ☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28% (default if not selected)
(Prescribed Investor Rate)

IRD number:

☐ I have provided my identity and proof of address documents as detailed in Section 9.

☐ I am the primary contact for correspondence purposes

NZ Tax residency (Please tick either a, b or c to confirm)

- ☐ a. I am a tax resident in NZ only (Proceed to Section 2).
- ☐ b. I am a tax resident in NZ and in another country or jurisdiction (Complete remaining tax residency questions).
- ☐ c. I am an overseas tax resident only and not a tax resident in NZ (Complete remaining tax residency questions).

Confirmation of tax residency other than NZ or US

Country/countries of residency	Tax identification number type	Tax identification number*
<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"/>

*If you have not been issued with a tax identification number (TIN) or are unable to obtain the equivalent please indicate "N/A" (not applicable) and circle the reason below:

- Reason A** The country of tax residency does not issue TINs to tax residents.
- Reason B** The individual has not been issued with a TIN.
- Reason C** The country of tax residency does not require the TIN to be disclosed.
- Reason D** Other - please explain below.

Investor (2) - continued

Confirmation of my US tax status (Please tick either a, b or c and complete as appropriate.)

- ☐ a. I confirm that **I am not** a US citizen or resident in the US for tax purposes.
- ☐ b. I confirm that **I am** a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number (US TIN) is as follows:
-
- ☐ c. I confirm that I was born in the US (or a US territory) but **I am no longer** a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

2. Application payment

☐ **Electronic funds transfer** to 'Integral Nominees Limited Applications Account' **02-0500-0987710-000**

The following details must be included with your transfer to avoid delays in identifying your payment:

PARTICULARS: Your surname
CODE: Your IRD number

Application payment amount: \$

Fund	Amount in NZD
Defensive Fund	\$ <input type="text"/>
Diversified 40 Fund	\$ <input type="text"/>
Diversified 60 Fund	\$ <input type="text"/>
Global Equities Fund	\$ <input type="text"/>
Focused Growth Fund	\$ <input type="text"/>
TOTAL (must equal application payment amount above)	\$ <input type="text"/>



3. Regular direct debit application details

I/we wish to establish a regular application via direct debit from my/our bank account to purchase additional Units.

☐

No

☐

Yes

Start date:

15 / /

☐

I/We have completed the direct debit authority on page 12.

Fund	Amount in NZD
Defensive Fund	\$
Diversified 40 Fund	\$
Diversified 60 Fund	\$
Global Equities Fund	\$
Focused Growth Fund	\$
TOTAL DIRECT DEBIT	\$

4. Investment profile/rebalancing

The following 'investment profile' should be recorded against my/our account and will be used to assist my/our adviser in monitoring my/our investment.

The Manager can undertake automatic rebalancing based on the allocation percentage. Any fund can be excluded from this rebalancing by ticking the 'Exclude' box.

☐

I/we wish to opt into monthly rebalancing.

Fund	Allocation %	Exclude
Defensive Fund	%	<input type="checkbox"/>
Diversified 40 Fund	%	<input type="checkbox"/>
Diversified 60 Fund	%	<input type="checkbox"/>
Global Equities Fund	%	<input type="checkbox"/>
Focused Growth Fund	%	<input type="checkbox"/>
TOTAL	100%	

☐

I/we wish to opt out of rebalancing. I understand the investment profile will no longer be maintained.

5. Nature and purpose of business relationship

Select as many of the following categories as applicable.

- ☐ Superannuation transfer
- ☐ Investment expected to be for longer than four years
- ☐ Investment expected to be for shorter than four years
- ☐ Accumulation investment (i.e., funds are being deposited or balance expected to be maintained)
- ☐ Decumulation investment (i.e., funds are being drawn down)

Source of funds/wealth*

Please tell us the original source of the funds you are investing e.g. property sale, inheritance, personal income:

*Please note this information is requested solely in relation to NZBritannia's Anti-Money Laundering obligations.

Expected transactions (please estimate the transactions that will occur in this account):

	Expected amount	Frequency (e.g. monthly, annual)
Expected deposits (total initial deposits)	\$	
Regular savings (if any)	\$	
Regular withdrawals (if any)	\$	
Irregular deposits	\$	
Irregular withdrawals	\$	

6. Adviser and fee details

Adviser name:

Adviser company:

Fees will be redeemed from your investment on a monthly basis.

We will deduct fees from the Fund you choose below. If you do not choose a Fund, we will deduct fees from your lowest risk Fund.

- ☐ Defensive Fund ☐ Diversified 40 Fund ☐ Diversified 60 Fund ☐ Global Equities Fund ☐ Focused Growth Fund



Adviser service fee			
GST:	<input type="checkbox"/> Excluding	<input type="checkbox"/> Including	
% of fee subject to GST:	<input type="text"/> %	% of fee that is tax deductible:	<input type="text"/> %
Ongoing fee:	<input type="text"/> %	Flat fee:	<input type="text"/> \$
Deducted:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually

Tiered adviser fee			
<input type="checkbox"/>	As per tiers:	OR	<input type="checkbox"/> As per attached fee schedule
<input type="text"/> ≤\$	<input type="text"/> % pa		<input type="text"/> ≤\$ <input type="text"/> % pa
<input type="text"/> ≤\$	<input type="text"/> % pa		<input type="text"/> ≤\$ <input type="text"/> % pa
<input type="text"/> ≤\$	<input type="text"/> % pa		<input type="text"/> ≤\$ <input type="text"/> % pa

Implementation fees			
On initial investment:	<input type="text"/> \$	OR	<input type="text"/> %
			Up to a maximum: <input type="text"/> \$
On subsequent investments:	<input type="text"/> \$	OR	<input type="text"/> %
			Up to a maximum: <input type="text"/> \$

7. Privacy and your personal information

This statement relates to the personal information that you are providing to the Manager by way of this application and any subsequent personal information which you may provide in the future.

The personal information you have supplied may be used by the Manager and Public Trust (and related entities thereof) for the purposes of enabling the Manager to arrange and manage your investment, and to contact you in relation to your investment.

The Manager will provide you (on request) with the name and address of any entity to which information has been disclosed.

Under the Privacy Act 2020, you have the right to access all personal information held about you by the Manager, and if any of the information held is incorrect, you have the right to have it corrected.

You acknowledge that you are authorised to provide personal information on behalf of the applicant and evidence of this authority is provided (in the case of a parent/guardian/other providing information about the applicant).

8. Declaration and authority

I/we certify that I/we have received, read and understood the current Product Disclosure Statement and this form in their entirety.

I/we hereby apply to invest and agree to be bound by the terms and conditions as set out in the current Product Disclosure Statement, the Trust Deed and this form.

I/we have read and agree to the terms outlined above in relation to privacy and my/our personal information.

I/we consent to NZBritannia using the information I/we supply to verify my/our identity in accordance with the requirements of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, and that NZBritannia may disclose the information to parties NZBritannia considers to be appropriate for this purpose.

I/we understand that the value of my/our investment is liable to fluctuations and may rise and fall from time to time.

I/we understand the manner in which the fees will be deducted from my/our investment.

I/we consent to the provision of information to me in electronic form to the extent permitted by law.

I/we declare that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I/we will advise NZBritannia promptly and provide a self-certification form where any change in my/our tax residency circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

I/we acknowledge that the tax residency information will, by law, need to be shared with the IRD. I understand that the IRD may then exchange this information with tax authorities of another country/jurisdiction in which I may be resident.

Number of signatures required for a partial redemption:

All signatures are required for a full closure.

The signatures that appear below are required to withdraw money from this account:

Signature of applicant:

Date:

 / /

Name:

Signature of applicant:

Date:

 / /

Name:

Please return this form to your adviser.



9. Further information on identity verification and proof of address

The New Zealand Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act) requires a service provider, such as Britannia Financial Services Limited, to know who they are providing services to. It also requires us to reasonably determine whether our clients are Politically Exposed Persons (PEP) or not. By providing verification of your identity (name and date of birth) and address we confirm who we are providing services to and that we meet our obligations under the AML/CFT Act.

Choose from one of the two options below (preferred or alternate) and provide the required documentation as proof of your identity and address.

Electronic identity verification (preferred option)

- Complete both a and b
- The identity document(s) must be current, valid and with your signature

a. Identity (ID)

Choose one from the following two options:

- New Zealand Driver licence (provide a copy of both front and back, with a clear image of your face and signature)
- New Zealand passport (provide a copy, with a clear image of your face and signature)

b. Proof of residential address

The 'residential address' document must state your name and current physical address (not PO Box) and be dated within the last three months.

Choose one from the following options:

- Utility bill (power, rates, landline, internet + router service provider)
- Bank statement printout from a registered New Zealand bank
- Central Government Agency document
- Customer profile printout from a registered New Zealand bank, signed by a bank teller
- Local Council/Government letter
- Car registration notification
- Home insurance policy document

Documentary identity verification (alternate option)

- Certified/verified copies required
- Complete a, b and c
- The identity document(s) must be current, valid and with your signature

a. Identity (ID)

Choose one of the three options below i, ii or iii:

i. One form of ID required

- Passport (New Zealand or overseas)
- New Zealand Firearms licence
- New Zealand Certificate of Identity
- National ID card
- New Zealand Refugee travel documentation
- Emergency travel document

ii. One form of primary non-photo ID and one form of secondary photo ID:

Non-photo ID

- New Zealand full Birth certificate
- Certificate of New Zealand citizenship
- Overseas Citizenship certificate
- Overseas Birth certificate

Secondary photo ID

- New Zealand Driver licence
- New Zealand Defence photo ID
- Police photo ID
- 18+ card or Kiwi Access Card
- International Driving Permit

iii. A New Zealand Driver licence and one of:

- New Zealand Defence photo ID
- Police photo ID
- SuperGold card

- Bank statement issued by a registered bank
- A statement or document issued by a Central Government Agency or Crown entity

(Both the above must be dated within the preceding 12 months and record the provision of financial benefits and contain your name and residential address)

b. Proof of residential address

The 'residential address' document must state your name and current physical address (not PO Box) and be dated within the last three months. Provide a copy to your adviser.

The document must be a different document to that used for your identity verification

- Utility bill (power, rates, landline, internet + router service provider)
- Bank statement printout from a registered New Zealand bank
- Central Government Agency document
- Customer profile printout from a registered New Zealand bank, signed by a bank teller
- Local Council/Government letter
- Car registration notification
- Home insurance policy document

c. Certification of documents and requirements of the certifier/verifier

If you are not able to provide the original documents in person, or only a copy of the original documents can be provided, the documents must be certified by a person authorised to do so by law in New Zealand or in the country you live (a trusted referee) or be verified by a NZBritannia approved financial adviser.

- The certifier/verifier must sight the original and make a copy to make sure both documents are identical.
- All certified/verified documentation you send to us must include the certifier/verifier's full name, their capacity to act as a trusted referee, their address and contact details, and be signed and dated by the certifier/verifier within the last three months.
- Where the document has a photo image, the certifier must state on a copy of the original: *"I certify this is a true copy of the original document, which I have sighted, and it represents a true likeness of the individual"*.
- Where the document has no photo image, the certifier must state on the copy: *"I have sighted the original and certify this is a true copy of the original document"*.
- The certifier/verifier must be at least 16 years of age and cannot be related to you or live at the same address as you.

Trusted referees who can certify copies of the originals as true and correct copies:

- Practising solicitor of the High Court of NZ
- Chartered accountant
- Notary public
- Justice of the Peace
- Registered medical practitioner
- Registered teacher
- Sworn member of the police
- Deputy Registrar at a Court
- Any other person authorised by law to take statutory declarations

Verifiers who can verify copies of the originals as true and correct copies:

- NZBritannia employees
- NZBritannia's AML/CFT agents (e.g. adviser or their employee)

Verifiers must use the word 'verify' instead of 'certify' and must also include their full name, occupation, and be signed and dated.

Translation: Documents that are written in a language that is not English must be accompanied by an English translation prepared by an approved translation service/translator. Translation must include date of issue, date of expiry (if applicable), authorising body and translation of personal identification details (e.g. name, address, etc.).

6. Direct debit authority

Account name:	<input style="width: 100%;" type="text"/>										
Account number:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
	<small>Bank</small>	<small>Branch</small>	<small>Account number</small>						<small>Suffix</small>		
Frequency:	Monthly: <small>(Default)</small>		<input style="width: 30px;" type="text"/>	Quarterly:		<input style="width: 30px;" type="text"/>	Half yearly:		<input style="width: 30px;" type="text"/>		
Authorisation code:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	(Not to operate as an assignment or agreement)			

To the Manager

Your Bank - name: Branch name:

Postal address:

Information to appear in my/our bank statements:

Payer particulars: Payer code: Payer reference:

I/we authorise you until further notice in writing to debit my/our account with you with all amounts which Integral Nominees Limited (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.

Signature of account holder:	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
Signature of account holder:	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
Signature of account holder:	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
Signature of account holder:	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>

Approved		For bank use only			Bank stamp
		Date received	Recorded by	Checked by	
		Original – Retain at branch Copy – Forward to Initiator if requested			

Conditions of this Authority to accept direct debits

1. The Initiator:

- a. Has agreed to give notice to the Customer of the commencement date, frequency and amount of the direct debit no later than the day the direct debit is initiated. This notice will be provided in writing (including by electronic means where the Customer has provided prior written consent to communicate electronically).
- b. May, upon the relationship which gave risk 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.

2. The Customer may:

- a. At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by the means agreed by the customer, Bank and Initiator.
- b. Stop payment of any direct debit to be initiated under this authority by the Initiator by given in 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.
 - 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.

