

Prepaid form.



Legacy

FUNERALS

Keep the story alive.

Legacy Funerals staff member to complete.

FreeDam Case #:

Full Name:



Giving the gift of *peace*.

What is a Legacy Prepaid Funeral Fund?

A Prepaid Funeral Fund allows you to set aside funds for a funeral in advance. There is no maximum amount, but you will need to place a minimum of \$5,000 into your Legacy Prepaid Funeral Fund to set it up.

Paying for your funeral ahead of time means your loved ones will not be left to cover the cost of your entire funeral. If combined with the pre-arrangement of your funeral, your wishes will be clear, easing their burden at a difficult time. Funds cannot be withdrawn in your lifetime unless requested by you, giving you the peace of mind they will be available when the time comes.

Please note that under current government policy, it is only the first \$10,000 deposited that is excluded from any asset testing when assessing your eligibility for the Residential Care Subsidy. Your Funeral Fund will only ever include the amount you have paid into it, with all interest being returned to the community via Legacy Trust.

How does the Fund work?

By completing this application form and making payment, you have established a Legacy Prepaid Funeral Fund. Your funds are held in an individual trust account (no fees are deducted from your Fund), with Legacy Prepaid Funerals Limited being the trustee. Interest earned from your fund (and from all other individual funds) is then consolidated, with the profits being paid directly to Legacy Trust. Legacy Trust donates these funds to community groups and organisations who successfully apply for grants.

The cost of your funeral will be paid from your individual trust account direct to Legacy Funeral Homes. Any surplus funds not required for your funeral will be paid to your estate for distribution in accordance with your Will, for the benefit of your estate. If any further payment is required to meet the cost of your funeral, your Funeral Director will make arrangements with your family or estate for payment.

Unique benefits of a Legacy Prepaid Funeral Fund.

No other funeral fund in New Zealand offers the benefits that come with the Legacy Prepaid Funeral Fund. Legacy's prepaid funeral fund is owned and operated by a charitable trust. Any interest earned on funds is paid directly to the Legacy Trust for distribution to local charities and organisations. This means your fund is already working for the good of our communities from day one, helping to create a better place for you and your loved ones to enjoy.

Payment Details.

Funds can be deposited by direct credit to:

Bank Account Name: Legacy Prepaid Funerals Limited

Bank Account Number: 02-0466-0283399-000

(Please indicate your name with the words 'Funeral Trust' in the fields on the bank's website).

Contact Information.

Legacy Prepaid Funerals Limited.

Physical Address: 383 Pyes Pa Road, Pyes Pa, Tauranga 3173

Postal Address: PO Box 3136, Greerton, Tauranga 3142

Phone: (07) 543 4780

Email: office@legacyfunerals.co.nz

Website: legacyfunerals.co.nz

Legacy Prepaid Funeral Fund Application Form.

Name. Mr Mrs Ms Miss Dr

First:	
Middle:	
Last:	
Preferred Name:	

Gender. Male Female Other

Date of Birth:	
IRD Number:	

Employment.
Occupation _____
Employer _____

NZ Resident. Yes No (please specify)

Country(s) of Citizenship.
Country of Birth: _____
Country of Citizenship: _____

Contact Details.

Street Address:			
Suburb:			
Town / City:			
Postcode:			
Contact Number:			
Email:			

Contact Details. (Authorised person acting on behalf)

Full Name:			
Relationship:		Date of Birth:	
Street Address:			
Suburb:			
Town / City:		Postcode:	
Contact Number:			
Email:			

All communications to: _____

Have you pre-arranged your funeral? Yes No If yes, with which Funeral Director? _____

I, (Full Name), _____ ("the Client")
of (Address) _____

certify that all information supplied is true and correct. I hereby apply to settle, on Legacy Prepaid Funerals Limited as Trustee, the amount of \$ _____ and establish with effect from the date of acceptance by the Trustee (the "Commencement Date") a Client Funeral Trust for the purpose of contributing toward the payment of my funeral expenses in the event of my death ("my Fund").

I acknowledge and confirm that:

- » I have read the said terms and conditions of my Fund as set out in the Trust Deed establishing the Legacy Prepaid Funeral Trust (and any amendments thereto) ("Deed") and this Application Form.
- » My Fund shall not be settled and established unless and until the Trustee accepts this Application Form together with my payment of the amount stipulated above.
- » My Contributions shall be held in a sub-trust account in the name of the Trustee and specifically identified as my Fund.
- » I specifically acknowledge that all interest earned on money held in my Fund shall be paid to Legacy Trust after administration costs
- » I specifically acknowledge that it has been explained to me that I will not be entitled to receive any income or any gains on my Fund, and the real purchasing power of my contribution(s) may be eroded over time due to inflation. I am satisfied with this arrangement in the knowledge that the surplus income earned on my Fund will be benefitting charitable purposes within the community through distribution to Legacy Trust.

Signed: _____ Date: ____/____/____

To comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 ("AML/CFT Act") the Trustees require the collection and verification of Payee/s identity information before any payment can be made. Please see overleaf for details.

Option 1: Face-to-face Verification / Original document approach.

- Verify Payee ID and proof of address by sighting original documents in 'Section 1' below.
(Please tick the original documents sighted and attach photocopies, initialled and dated).

Option 2: Certified Copy Verification / Certified document approach.

- Verify Payee ID and proof of address by collecting certified copies of the information in 'Section 1' below. The documents can be certified by a Justice of the Peace, Lawyer, Doctor or Police Officer. Certified copies must not be older than three months. The Trust will review any certified copies of documents provided and advise in the event the certified copies are not acceptable for any reason.
(Please tick the certified copies provided and attach photocopies, initialled and dated).

Section 1: Verification.

Proof of Name and Date of Birth	Proof of Address
<p>OPTION 1: Any one of;</p> <p><input type="checkbox"/> NZ or Overseas Passport <input type="checkbox"/> NZ Certificate of Identity (must contain: Name, D.O.B, Photo & Signature) <input type="checkbox"/> NZ Firearms Licence</p> <p>OR OPTION 2</p> <p><input type="checkbox"/> Full Birth Certificate or Certificate of NZ Citizenship AND any one of;</p> <p><input type="checkbox"/> NZ Drivers Licence (both sides) <input type="checkbox"/> +18 / Kiwi Access Card (both sides) <input type="checkbox"/> International Driving Permit (both sides)</p> <p>OR OPTION 3</p> <p><input type="checkbox"/> NZ Drivers Licence (photo) AND any one of;</p> <p><input type="checkbox"/> NZ Super Gold Card (both sides) <input type="checkbox"/> Community Services Card (both sides) <input type="checkbox"/> NZ Bank Statement (within the last 12 months)</p>	<p>Any one of;</p> <p><input type="checkbox"/> Utility bill <input type="checkbox"/> Rates bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Rest Home Agreement <input type="checkbox"/> Letter from:</p> <p> » Employer / accomm provider or » Educational institution facility Manager or » Rest Home Manager</p> <p>AND</p> <p><input type="checkbox"/> Completed Individual Tax Residency Self-certification Form (enclosed)</p>

Section 2: Funeral Directors Attestation.

Funeral Directors Name: _____

Where 'Option 1' has been selected, I have sighted the original of each document identified with a tick, verifying the Name, Date of Birth and Address of the named applicant.

I have attached copies of each document identified in 'Section 1' above, initialled and dated by me.

I have no reason to believe that the person identified in 'Section 1' above is not who they claim to be.

I am acting as the authorised agent of the Trustees of Legacy Prepaid Funerals Limited to conduct Customer Due Diligence procedures on behalf of the Trustees.

Where it is an identity document the photo represents a true likeness of the individual named.

Signed: _____ **Date:** _____ / _____ / _____



Keep the story alive.

Tauranga (main office)
07 543 4780.
383 Pyes Pa Road, Tauranga 3173

Pāpāmoa
07 543 4780.
53 Te Okuroa Drive, Pāpāmoa Beach, Pāpāmoa 3118

Individual tax residency self-certification

CFS customers only form

All fields marked * are mandatory

Section 1: Identification of individual account holder

Full legal name*

First
Middle
Last

Date of birth*

IRD number (NZ only)

NB: if no IRD number is provided, a tax rate of 45% p.a will be applied.

Tax rate required:

10.5% 17.5% 30% 33%

If you have provided your IRD number but not selected a tax rate, a tax rate of 33% will apply.

Physical address*

Street address	
Suburb	
Town/City	Postcode
Country	

Section 2: Countries of tax residence

Are you a current tax resident of another country (other than NZ)?* Yes No

Are you a US Person (i.e. US citizen) for the purposes of the Foreign Account Tax Compliance Act (FATCA)?* Yes No

Please note US Persons are considered tax residents of the US. Refer to Definition of Terms for additional information.

If you answered Yes to either question above, please list all countries other than New Zealand in the table below.

Country of tax residence	Tax number (or equivalent)	No tax number (reason code^)	Please provide an explanation if using reason code B

^Reason codes

The country you declared you are a tax resident of:

A - The country does not issue tax numbers or equivalent to its residents.

B - You are unable to obtain a tax number or equivalent (please provide an explanation).

C - No tax number or equivalent is required for the country (note: only use this reason where the relevant country does not require the collection of a tax number or equivalent under domestic law).

Section 3: Declaration

I certify that all the information supplied is true and complete.

I authorise the Trust account holder, maintaining the account(s) to which this form relates to make any enquiries it considers necessary for confirmation of the above.

I certify that I am the account holder, or am authorised to sign for the account holder of all the accounts to which this form relates.*

I declare that all statements made in this Declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise the Trust Account Holder, maintaining the account(s) to which this form relates within 20 days of any change in circumstances which affects the tax residency status of the individual(s) identified above in this form or causes the information contained herein to become incorrect or incomplete, and to provide the Trust Account Holder, maintaining the account(s) to which this form relates a suitably updated self-certification and Declaration and relevant documentation (as requested) within 20 days (or a lesser period as requested by the Trust Account Holder, maintaining the account(s) to which this form relates) of such change in circumstances.

I acknowledge that the information contained in this form and information regarding the account holder and any account(s) will be provided to the Bank of New Zealand and may be reported to the tax authorities of the country/ jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that all statements made in this Declaration also extend to any information that I (or an authorised person on my behalf) may supply to the Trust Account Holder, maintaining the account(s) to which this form relates, in whatever manner, subsequent to signing this form.

Signature

Name

***Note:** If you are under the age of 13 this form must be signed by a parent or legal guardian. Any other person signing on behalf of the account holder must hold a power of attorney.

Privacy: For information on BNZ's privacy practices, including how we collect, use and disclose your information, please see our Master Privacy Policy. This is available on BNZ's website or you can ask BNZ to send you a copy.

Note: If you are not the account holder, please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified copy of the power of attorney.

Section 4: Definition of Terms

US Person

The Foreign Tax Compliance Act (FATCA) affects US persons who have financial accounts outside the United States. For more information, please refer to ird.govt.nz and search for 'FATCA'. US persons include:

- US citizens, including those resident outside the United States.
- US permanent residents, including green card holders.
- People born outside the United States of a US parent.
- US tax residents.
- Certain persons who spend a significant number of days in the United States each year.

CFS CUSTOMER TO COMPLETE:

NAME OF TRUST ACCOUNT HOLDER

CLIENT CFS ACCOUNT NUMBER