Investor details

Integral Master Trust

NZ Britannia
RETIRE BETTER

This form is used to update Integral Master Trust of your personal details, and to select options in relation to your investment. Please complete all sections.

1. Investor details

Investor (1)

Investor number: (office use) NZB

Title: Mr / Mrs / Miss / Ms / Dr

Full name:

Preferred name:

Date of birth:

Residential address:

Postcode:

Postal address: (if different)

Postcode:

Preferred contact number:

Email:

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

IRD number:

☐ I am the primary contact for correspondence purposes.

Investor (2)

Investor number: (office use) NZB

Title: Mr / Mrs / Miss / Ms / Dr

Full name:

Preferred name:

Date of birth:

Residential address:

Postcode:

Postal address: (if different)

Postcode:

Preferred contact number:

Email:

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

IRD number:

☐ I am the primary contact for correspondence purposes.

If there are more than two investors, please record the details on another investor details form and attach.

Trust and companies additional information

Investor number: (office use) NZB

Trust or company IRD number:

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

Trust email:

Trust contact number:

Physical address:

Postcode:

Postal address: (if different)

Postcode:

Trustee company: (if applicable)

For trusts with a trustee company, provide identification and proof of address documents for the authorised signatory of the trustee company. The authorised signatory is required to sign this form in Section 5.

Online access to the portal

You can use our secure online service to view details of your investment including your current balance, transactions that have taken place, and various correspondence.

Instructions for registering for the portal will be provided in your welcome letter once funds are invested.

For trusts and companies: The primary contact identified above will be able to register using their personal IRD number. To arrange online access for additional individuals, please email investments@nzbritannia.co.nz.

2. Adviser details

Financial Advice Provider:

Adviser name:

3. Adviser fee details

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

Adviser service fee

Ongoing fee **exclusive** of GST: % Flat fee **exclusive** of GST: $

Deducted: ☐ Monthly ☐ Quarterly ☐ Annually

GST and tax deductibility will be at the adviser's recorded rates

Tiered adviser fee

☐ As per tiers (**exclusive** of GST): OR ☐ As per attached fee schedule

Up to $		% pa	$	- $	% pa
$	- $	% pa	$	- $	% pa
$	- $	% pa	$	- $	% pa

Implementation fees

On initial investment: $ OR % Up to a maximum: $

On subsequent investments: $ OR % Up to a maximum: $

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.

Any subsequent applications will be invested in line with the investment profile, unless you instruct us otherwise in an application form.

The Manager can undertake automatic rebalancing based on the allocation percentage. Any fund can be excluded from this rebalancing by ticking the 'Exclude' box and the other funds will be rebalanced on a pro rata basis.

☐ I wish to opt into monthly rebalancing.

Fund	Allocation %	Exclude
Defensive Fund	%	
Diversified 40 Fund	%	
Diversified 60 Fund	%	
Global Equities Fund	%	
TOTAL	**100%**	

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

5. Declaration and authority

I/we have received and read a copy of the Product Disclosure Statement (**PDS**) for the Scheme and

I/we understand the risks of investing in the Scheme (and receiving benefits associated with my membership of the Scheme) as described in the PDS and on the Disclose Register at **companiesoffice.govt.nz/disclose**. If my membership is accepted,

I/we agree to be bound by the terms of the Scheme's governing documents and PDS.

I/we understand that it is important for me to obtain personal financial and tax advice prior to joining the Scheme and that it is my decision whether or not to do so.

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

I/we agree to the terms and conditions outlined in Section 5 in relation to my personal information.

I/we agree with the terms of Lifetime Asset Management Limited privacy statement (refer to **nzbritannia.co.nz/privacy**) which explains how Lifetime Asset Management complies with the requirements of the New Zealand Privacy Act 2020.

I/we confirm that I give Lifetime Asset Management Limited complete authority to provide, obtain and share any of my personal information in relation to my investments with other members of Lifetime Asset Management Limited, my financial adviser and/or with other investment/saving providers as required.

I have read Lifetime Asset Management Limited's Privacy Statement and agree to Lifetime Asset Management Limited collecting, receiving, sharing, using, holding, storing and otherwise dealing with my personal information as contemplated by the terms of its Privacy Statement.

I/we consent to Lifetime Asset Management using the information I/we supply to verify my/our identity in accordance with the requirements of the Anti-Money Laundering and Countering Financing Terrorism Act 2009, including electronically verifying my/our identity and address. Lifetime Asset Management may disclose the information to parties Lifetime Asset Management considers to be appropriate for this, including your adviser.

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, trustee or director:

Date:

Name:

Signature of applicant, trustee or director:

Date:

Name:

Signature of applicant, trustee or director:

Date:

Name:

Signature of applicant, trustee or director:

Date:

Name:

If you wish to appoint further authorised signatories, please attach a list of the specimen signatures.

Date:

Please return this form to your adviser.