New trust investor application

NZ Britannia
RETIRE BETTER

Integral Master Trust

Use this form to set up a new trust account. Please complete all sections.

1. Investor details

Full name of trust:

Full business name: (if any)

Address of trust:

Trust email:

Trust contact number:

Country where trust established:

Trust IRD number:

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

Investor number: (office use) NZB

Trust description: (e.g. family, unit, charitable, estate/testamentary)

Beneficiary details

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

☐ **Yes:** Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose).

☐ **No:** How many beneficiaries are there?

Provide full name and date of birth for each beneficiary below.

Full given name(s)	Surname	Date of birth

If there are more beneficiaries, provide details on a separate sheet. If the trust is a discretionary trust and there are more than 10 beneficiaries, only record the membership classes and/or charitable objects of the trust.

Trustee (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:

IRD number: (for online login security only)

☐ I am the primary contact for correspondence purposes.

☐ I have provided my identity and proof of address documents.

Trustee (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:

IRD number: (for online login security only)

☐ I am the primary contact for correspondence purposes.

☐ I have provided my identity and proof of address documents.

Trustee (3)

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:

IRD number: (for online login security only)

☐ I am the primary contact for correspondence purposes.

☐ I have provided my identity and proof of address documents.

Additional trustees

Are there any other individual trustees? ☐ No ☐ Yes - provide trustee details on separate copy of Page 2

Is there a trustee company? ☐ No ☐ Yes - complete company identification information on Page 13 and provide details below

Trustee company name:

Trustee company number:

Investor number: (office use) NZB

☐ Identity and proof of address documents have been provided for the company representative(s).

Full name	Relationship to the trust	Date of birth

2. Tax information

2.1 Tax status

Tick one of the tax status boxes below (if the trust is a financial institution, please provide all the requested information below).

☐ **A financial institution** (A custodial or depository institution, an investment entity or a specified insurance company for FATCA/CRS purposes)

Provide the trust's Global Intermediary Identification Number (GIIN), if applicable:

If the trust is a financial institution but does not have a GIIN, provide its FATCA status (select one of the following statuses):

- ☐ Deemed compliant financial institution
- ☐ Excepted financial institution
- ☐ Exempt beneficial owner
- ☐ Non reporting IGA financial institution
- ☐ Nonparticipating financial institution
- ☐ Other: Describe the trust's FATCA status

If the trust is a financial institution, please proceed to **Section 3**.

☐ **New Zealand registered charity or deceased estate**

If the trust type is a New Zealand registered charity or deceased estate, please proceed to Section 3.

☐ **A foreign charity or active non-financial entity (NFE)**. Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.

For other types of active NFEs, refer to section VIII in the annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at oecd.org).

If the trust type is an active NFE, please proceed to **Section 3** to complete the form.

☐ **Other** (Entities that are not previously listed - passive non-financial entities). Please proceed to Section 2.2 (Foreign controlling persons/beneficial owners).

2.2 Foreign controlling persons/beneficial owners

Are any of the trust's beneficiaries, trustees, settlors, controlling persons or beneficial owners tax residents of countries other than New Zealand? ☐ Yes ☐ No

If the trustee is a company, are any of this company's beneficial owners tax residents of countries other than New Zealand? ☐ Yes ☐ No

If yes, please provide the details of these individuals below and complete a separate Individual Self-Certification form for each controlling person/beneficial owner.

Full given name(s)	Surname	Role (such as controlling person or beneficial owner)

If there are more controlling person/beneficial owners, provide details on a separate sheet and tick this box: ☐

Note: A Controlling Person is any individual who directly or indirectly exercises control over the trust. For a trust, this includes trustees, settlors, protectors or beneficiaries. For a trustee company this includes any beneficial owners controlling more than 25% of the shares in the company or senior managing officials.

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can also be as a result of citizenship or residency.

2.3 Country of tax residency

Is the trust a tax resident of New Zealand? ☐ Yes ☐ No

Is the trust a tax resident of a country other than New Zealand? ☐ Yes ☐ No

If yes, please provide the trust's country of tax residence and tax identification number (TIN) or equivalent below. If the trust is a tax resident of more than one other country, please list all relevant countries below.

If no, please proceed to **Section 3**.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of an IRD number in New Zealand or an Employer Identification Number in the US.

If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Country: _____ TIN: _____ A / B / C

Country: _____ TIN: _____ A / B / C

Country: _____ TIN: _____ A / B / C

If there are more countries, provide details on a separate sheet and tick this box: ☐

Reason A The country of tax residency does not issue TINs to tax residents.

Reason B The trust has not been issued with a TIN.

Reason C The country of tax residency does not require the TIN to be disclosed.

3. Application payment

☐ **Electronic funds transfer** to 'Lifetime Trustee Limited' **02-0500-0987710-000**

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

PARTICULARS: Trust name
CODE: Trust IRD number

Application payment amount: $

Fund	Amount in NZD
Defensive Fund	$
Diversified 40 Fund	$
Diversified 60 Fund	$
Global Equities Fund	$
TOTAL (must equal application payment amount above)	**$**

4. 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 based on the Investment Profile selected in Section 4. ☐ No ☐ Yes

Start date: 15 / /

☐ I/We have completed the direct debit authority.

Fund	Amount in NZD
Defensive Fund	$
Diversified 40 Fund	$
Diversified 60 Fund	$
Global Equities Fund	$
TOTAL DIRECT DEBIT	**$**

5. 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/We wish to opt into monthly rebalancing.

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

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

6. Trust verification procedure

☐ Provide a certified copy of the full trust deed.

☐ Provide certified copies of any changes to the trust deed including appointment and removal of any trustees or beneficiaries.

7. Source of trust funds/wealth verification

You are required to explain and provide evidence of the trust's source of funds and wealth (both the original settlement funds and the source of any regular deposits).

Provide a detailed explanation of the source of funds and wealth of the trust:

Certified documentary proof of the trust's funds/wealth

Source of funds	Suggested verification/evidence	
Employment	Copy of payslip (or bonus) from within last three months. Bank statement details. Inland Revenue documents.	☐
Business proceeds	Copy of latest audited company accounts. Letter from solicitor/accountant.	☐
Disposal of business or assets	Copy of latest audited company accounts. Letter from solicitor/accountant.	☐
Investment income	Copy of investment/savings certificates, contract notes or surrender statements. Bank statement clearly showing receipt of funds and investment company name. Signed letter detailing funds from a regulated solicitor/ accountant.	☐
Superannuation lump sum or annuity/retirement plan payments	Copy of closing statement. Letter confirming collection.	☐
Insurance/compensation claim	Copy of closing statement. Letter confirming claim.	☐
Lottery/betting win	Lotteries Commission.	☐
Inheritance	Grant of Probate (copy of the will) which must include the value of estate. Letter from solicitor/accountant.	☐
Gift	Donor's source of funds - requirements of evidence as stated above for each individual source of funds and a letter from the donor confirming details of the gift. Letter from solicitor.	☐
Maturity or surrender of life policy	Copy of closing statement. Letter confirming surrender.	☐
Sale of property	Copy of sale contract. Letter from solicitor/accountant.	☐

8. Nature and purpose of business relationship

Expected duration of investment - tick one

☐ Investment expected to be for longer than four years.

☐ Investment expected to be for shorter than four years.

Purpose of investing - tick one

☐ Accumulation investment: funds are being deposited.

☐ Accumulation investment: balance expected to be maintained.

☐ Decumulation investment: funds are being drawn down.

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	$	

9. Regular redemption

I/We wish to set up a regular redemption from my/our investment: ☐ No ☐ Yes
(NZBritannia will credit your withdrawal amount to your nominated bank account around the 15th of each month.)

☐ Net ☐ Gross of (before) PIE tax - this is the value of the total units that will be redeemed

Redemption amount: $ Start date:

Frequency: ☐ Two-weekly* ☐ Monthly (default) ☐ Quarterly ☐ Half yearly ☐ Yearly

*Two-weekly payments will be made in-line with NZ Super dates.

Fund	Amount	Notes / Account ref
Defensive Fund	$	
Diversified 40 Fund	$	
Diversified 60 Fund	$	
Global Equities Fund	$	
TOTAL (must equal redemption amount above)	**$**	

10. Adviser and fee details

Financial Advice Provider:

Adviser name:

Fees will be redeemed from your investment on a monthly basis.
We will deduct fees from your lowest risk Fund.

Adviser service fee

Ongoing fee **exclusive** of GST: % OR 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 OR ☐ As per adviser's recorded fee tiers

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: $

11. Bank account

Bank account details:

Account name:

Account number: Bank Branch Account number Suffix

You will need to provide a bank account in your name to be recorded on youraccount for any future withdrawals.

We will require proof of this account (e.g. a bank statement or screenshot from online banking).

You may receive a phone call from our administration team to confirm this account.

12. Checklist

The below outlines the personal identification documents we require in order to process the application.

☐ **1. Identification**
To comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we need to verify the identity of all our clients.
The photo documents must either be certified by a trusted referee or verified by the adviser.

☐ **2. Proof of Address**
To comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we need to collect address information of all our clients.

☐ **3. Proof of Bank Account**
Included within this application, I have provided a bank account in my name to be recorded on my account for any future withdrawals, as well as proof of this account (e.g. a bank statement or screenshot from online banking).
(You may receive a phone call from our administration team to confirm this account).

☐ **4. Others with Authority to Act**
Identity and proof of address documents have been provided for each individual with authority to act on behalf of the trust or have more than a 25% interest in the trust.

☐ **5. Trust Verification Procedure**
Provide a certified copy of the full trust deed as well as certified copies of any changes to the trust deed including appointment and removal of any trustees or beneficiaries.

13. Declaration and authority

I/We have received and read a copy of the Product Disclosure Statement (**PDS**) for the Integral Master Trust (Scheme).

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/our membership is accepted, I/we agree to be bound by the terms of the Scheme's governing documents, PDS and documents filed on the Disclose Register located at **companiesoffice.govt.nz/disclose**.

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 agree to the terms and conditions outlined in Section 10 in relation to my personal information.

I/We confirm that I/we give Lifetime Asset Management complete authority to provide, obtain and share any of my personal information in relation to my investments with other members of the Lifetime Asset Management Group and my financial adviser.

I have read Lifetime Asset Management's Privacy Statement available at **nzbritannia.co.nz/privacy** and agree to Lifetime Asset Management 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 my 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 trustee or director: | Date:

Name:

Signature of trustee or director: | Date:

Name:

Signature of trustee or director: | Date:

Name:

Signature of trustee or director: | Date:

Name:

Signature of trustee or director: | Date:

Name:

Please return this form to your adviser.

14. Trustee company identification

Trustee company name:

The below is to be completed by the authorised person(s) of the trustee company.

Director (1)

I have provided my identity and proof of address documents: ☐ Yes ☐ No

Title: Mr / Mrs / Miss / Ms / Dr

Full name:

Preferred name:

Date of birth:

Residential address:

Postcode:

Investor number: (office use) NZB

Director (2)

I have provided my identity and proof of address documents: ☐ Yes ☐ No

Title: Mr / Mrs / Miss / Ms / Dr

Full name:

Preferred name:

Date of birth:

Residential address:

Postcode:

Investor number: (office use) NZB

Director (3)

I have provided my identity and proof of address documents: ☐ Yes ☐ No

Title: Mr / Mrs / Miss / Ms / Dr

Full name:

Preferred name:

Date of birth:

Residential address:

Postcode:

Investor number: (office use) NZB

Director (4)

I have provided my identity and proof of address documents: ☐ Yes ☐ No

Title: Mr / Mrs / Miss / Ms / Dr

Full name:

Preferred name:

Date of birth:

Residential address:

Postcode:

Investor number: (office use) NZB

Company verification procedure - office use

Verify the full name and company number of the company.

Select one of the following options.

☐ Perform a search of the New Zealand Companies Office register.

☐ Obtain an original or certified copy of the certification of registration issued by New Zealand Companies Office.

15. Direct debit authority

Account name:

Account number:

Bank	Branch	Account number	Suffix

Frequency: Monthly: (Default) ☐ Quarterly: ☐ Half yearly: ☐

Authorisation code: | 0 | 2 | X | X | X | X | X | (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: Date:

Signature of account holder: Date:

Signature of account holder: Date:

Signature of account holder: Date:

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 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 not withstanding 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.