New individual/joint investor application

Integral Master Trust

NZ Britannia
RETIRE BETTER

Use this form to set up a new individual or joint account. 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) NZB

Title: Mr / Mrs / Miss / Ms / Dr

Full name:

Preferred name:

Date of birth: DD/MM/YYYY

Residential address:

Postcode:

Postal address: (if different)

Postcode:

Preferred contact number:

Email:

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

If you are unsure how to determine your PIR please go to **ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate**

New Zealand IRD number: ☐☐☐ ☐☐☐ ☐☐☐

☐ I am the primary contact for correspondence purposes.

Investor (1) - continued

Tax residency

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

- ☐ a. I am a tax resident of NZ only and confirm **I am not** a US citizen or resident of the US for tax purposes.
- ☐ b. I am a tax resident in NZ and confirm **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 am a tax resident of NZ and in another country (other than the US) or jurisdiction (complete the table below).
- ☐ d. I am an overseas tax resident only and not a tax resident in NZ (complete the table below).

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 tick 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: _____

Investor (2)

Investor number: (office use) NZB

Title: Mr / Mrs / Miss / Ms / Dr

Full name: _____

Preferred name: _____

Date of birth: DD/MM/YYYY

Residential address: _____

_____ Postcode: _____

Investor (2) - continued

Postal address: (if different)

Postcode:

Preferred contact number:

Email:

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

IRD number: ☐☐☐ ☐☐☐ ☐☐☐

☐ I am the primary contact for correspondence purposes.

Tax residency

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

☐ a. I am a tax resident of NZ only and confirm **I am not** a US citizen or resident of the US for tax purposes.

☐ b. I am a tax resident in NZ and confirm **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 am a tax resident of NZ and in another country (other than the US) or jurisdiction (complete the table below).

☐ d. I am an overseas tax resident only and not a tax resident in NZ (complete the table below).

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 tick 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:

2. Application payment

Application payment amount: $

How would you like to split your initial investment?

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

Electronic funds transfer to 'Integral Nominees Limited' **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

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 in Section 11.

How would you like to split your regular payments?

Fund	Amount in NZD
Defensive Fund	$
Diversified 40 Fund	$
Diversified 60 Fund	$
Global Equities 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.

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.**

5. Nature and purpose of investment 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	$	

Please tell us the original source of the funds you are investing.

Please note this information is requested solely in relation to Lifetime Asset Management's Anti-Money Laundering obligations.

Source of funds for initial deposit

☐ Inheritance* ☐ Savings from employment wages* ☐ BSS/BSS12/BRS transfer

☐ Sale of property* ☐ Other*:

*Please provide further details about the source of funds. For example, sale of property at 123 Sample Street for $800,000 on 21/06/2024.

Source of funds for regular application

☐ Inheritance* ☐ Savings from employment wages* ☐ Sale of property*

☐ Other*:

*Please provide further details about the source of funds. For example, sale of property at 123 Sample Street for $800,000 on 21/06/2024.

6. Regular redemption

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

☐ 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.

Which fund should we make regular redemptions from?

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

7. 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 your account 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.

8. 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 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: $ OR Flat fee **exclusive** of GST: $

Deducted: ☐ Monthly ☐ Quarterly ☐ Annually

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

OR

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: $

9. 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.
(You may receive a phone call from our administration team to confirm this account).

10. 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 applicant: _____ Date: _____

Name: _____

Signature of applicant: _____ Date: _____

Name: _____

Please return this form to your adviser.

11. 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.