# Identification of companies

Integral Master Trust

NZ Britannia
RETIRE BETTER

## 1. Company details

### 1.1 General information

Full registered name (New Zealand Companies office):

Trading name (if different):

Company number:

Registered office address (PO Box is not acceptable):

Street:

Suburb: Postcode:

City: Country:

Principal place of business (PO Box is not acceptable):

Street:

Suburb: Postcode:

City: Country:

### 1.2 Company type (select one)

☐ Public (go to Section 2) ☐ Private/proprietary (go to Section 1.3)

### 1.3 Directors

How many directors are there?

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

| Full given name(s) | Surname | Date of birth |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If there are more directors, provide details on a separate sheet.

## 1.4 Shareholders

Provide details of all individuals who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

### Shareholder 1

Full name: Date of birth:

Residential address (PO Box is not acceptable):

Street:

Suburb: Postcode: Country:

### Shareholder 2

Full name: Date of birth:

Residential address (PO Box is not acceptable):

Street:

Suburb: Postcode: Country:

### Shareholder 3

Full name: Date of birth:

Residential address (PO Box is not acceptable):

Street:

Suburb: Postcode: Country:

### Shareholder 4

Full name: Date of birth:

Residential address (PO Box is not acceptable):

Street:

Suburb: Postcode: Country:

### 1.5 Details of beneficial owners or those with authority to act on behalf of the company

How many beneficial owners and authorised persons are there? ☐

Provide full name and date of birth for each beneficial owner and authorised person below.

Remember to complete identification forms for each beneficial owner and authorised person. Beneficial owners include anyone with effective control over the company.

| Full name | Relationship to the company | Date of birth |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If there are more beneficial owners/authorised persons, provide details on a separate sheet.

## 2. Company verification procedure

Ensure you have verified the full name of the company as on the New Zealand Companies Office register.

Verify the Company Number issued to 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.

## 3. Nature and purpose of business relationship

### 3.1 Is the company the account holder?

☐ **Yes** - please answer Sections 3.2, 3.3, 3.4 and 4

☐ **No** - please answer Section 5

### 3.2 Expected duration of investment

☐ Investment expected to be for longer than four years.

☐ Investment expected to be for shorter than four years.

### 3.3 Purpose of investing

☐ Accumulation investment: funds are being deposited.

☐ Accumulation investment: balance expected to be maintained.

☐ Decumulation investment: funds are being drawn down.

### 3.4 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 | $ | |

## 4. Source of company funds/wealth verification

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

**Provide a detailed explanation of the source of funds and wealth of the company.**

**Certified documentary proof of the company's funds/wealth**

| Source of funds | Suggested verification/evidence | |
|---|---|---|
| Employment | Copy of payslip (or bonus) from within last three months.<br>Bank statement details.<br>Inland Revenue documents. | |
| Business proceeds | Copy of latest audited company accounts.<br>Letter from solicitor/accountant. | ☐ |
| Disposal of business or assets | Copy of latest audited company accounts.<br>Letter from solicitor/accountant. | ☐ |
| Investment income | Copy of investment/savings certificates, contract notes or surrender statements.<br>Bank statement clearly showing receipt of funds and investment company name.<br>Signed letter detailing funds from a regulated solicitor/ accountant. | ☐ |
| Superannuation lump sum or annuity/retirement plan payments | Copy of closing statement.<br>Letter confirming collection. | ☐ |

| | | |
|---|---|---|
| Insurance/compensation claim | Copy of closing statement.<br>Letter confirming claim. | |
| Lottery/betting win | Lotteries Commission. | |
| Inheritance | Grant of Probate (copy of the will) which must include the value of estate.<br>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.<br>Letter from solicitor. | |
| Maturity or surrender of life policy | Copy of closing statement.<br>Letter confirming surrender. | |
| Sale of property | Copy of sale contract.<br>Letter from solicitor/accountant. | |

## 5. Identification and verification conducted by:

Lifetime Asset Management representative's name:

Lifetime Asset Management representative's signature:

Date:

**OR**

Your Adviser's name:

Your Adviser's signature:

Date: