Identification of individuals

Integral Master Trust

NZ Britannia
RETIRE BETTER

1. Personal details

Full name:

Date of birth:

Permanent residential address (PO Box is NOT acceptable)

Street:

Suburb:

Postcode:

City:

Country:

2. Nature and purpose of business relationship

Source of funds/wealth*

Please tell us the original source of the funds you are investing e.g. property sale, inheritance, personal income:

*Please note this information is requested solely in relation to Lifetime Asset Management Limited's Anti-Money Laundering obliga-

Expected duration of investment

- ☐ Investment expected to be for longer than four years.
- ☐ Investment expected to be for shorter than four years.

Purpose of investing

- ☐ Superannuation transfer.
- ☐ 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	$	

4. 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: