Application - additional units

NZ Britannia
RETIRE BETTER

Integral Master Trust

This form is used to apply for units in the Integral Master Trust funds (Defensive Fund, Diversified 40 Fund, Diversified 60 Fund, Global Equities Fund and Tailored Manager Fund), either on an ad-hoc basis, or by a regular application.

Please complete all Sections.

For new account applications, please complete the New investor application form available on our website: nzbritannia.co.nz/existing-investors/integral-master-trust-documents.

1. Investor details

Name of investor (1):		Investor number:	NZB
Name of investor (2):		Investor number:	NZB

2. Application payment

Application payment amount: $

For a Regular application – Proceed to **Section 3** below.

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

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's Anti-Money Laundering obligations.

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

3. Regular direct debit application details

I/We wish to establish a new regular monthly application via direct debit from my/our bank account to purchase additional units. ☐ No ☐ Yes

Start date: 15 / /

☐ I/We have completed **Section 5 - Direct debit authority**

Please remember any rebalancing instructions previously given when completing this Section.

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

I/We wish to change the bank account from which my/our existing regular application is debited ☐ No ☐ Yes
(Complete effective from date below and Section 6 - Direct debit authority)

I/We wish to change the amount of my/our existing regular application ☐ No ☐ Yes
(Enter the new amount(s) above, complete effective from date below and Section 6 - Direct debit authority)

I/We wish to cancel our existing regular application ☐ No ☐ Yes
(Complete effective from date below)

☐ Effective immediately OR Effective from: 15 / /

☐ **Source of funds/wealth for regular payment***
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 NZBritannia's Anti-Money Laundering obligations.

4. 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 with the terms of Lifetime Asset Management's Privacy Statement (refer to the 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 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, my financial adviser and/or with other investment/saving providers as required.

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.

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:			

Please return this form to your adviser.

5. 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.