

HOW TO COMPLETE THE APPLICATION FORM

This section contains important information about how to invest in the Funds.
Please read this section before completing the application form.

You may submit an application form directly to Clarity Funds.

Individual Investors - please complete pages 23 - 28.

Trust or Estate Investors - please complete pages 29 - 37.

Company, Partnership, Other Incorporated and Unincorporated Entities - please complete pages 39 - 47.

Please ensure all questions are completed and required information is supplied, as not doing so may cause a delay in processing your Fund Application.

Investor Details

- Provide the entity name if the Investor will be a Trust, Estate, Company, Partnership or other Incorporated/Unincorporated Body **or**
- Provide full details if you are investing as an individual(s) **or**
- Provide full details of all individuals associated with the entity.
- Supply your IRD number (this is a legal requirement).

Signatures

- If this investment is to be held jointly, all applicants must sign the application form.
- All trustee /directors/executors/partners/officers and other authorised signatories must sign the application form.
- All signatures will also be required for withdrawals.

Investment Details

- Enter the amount you wish to invest in the Fund. The minimum initial investment amount is \$10,000 and the minimum additional investment amount is \$1,000.

Payment Details

- If you are paying by cheque, make your cheque payable to "The New Zealand Guardian Trust Company Limited ASF Clarity Funds".
- If you are making a direct credit payment, make the payment to the following BNZ bank account: 02-0506-01 16828-000
- Include your client reference number (available from Clarity) on your deposit details and advise us once you have made a deposit. We will instruct the registrar of the exact amount of the deposit and when the deposit has been made.
- Please note, your investment will only proceed once the registrar confirms with us that the funds have been cleared.

Distribution Details

- We require your distribution payment details.
- If you wish any distributions to be paid to you, complete the nominated bank account section.
- Alternatively, if you wish any distributions to be reinvested in additional Units in the Fund, tick the relevant box on the application form.

Financial Adviser / Intermediary

- It is not envisaged that you will be able to invest in a Fund through a third party adviser. However, in the unlikely event this does happen, the third party financial adviser nominated will be able to access information relating to your investment and will be eligible for intermediary fees. The rate of such fees has not yet been determined.

Identity and address verification

Under Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and under Clarity's own compliance requirements, verification of identity and residential address is required.

Each individual applicant/signatory will be electronically verified.

To enable this verification to occur, you will need to provide a current copy of your NZ passport or NZ driver's licence, AND you need to consent to the following;

- I consent to Clarity collecting, using and disclosing my personal information to verify any information that I have provided (or information that we may collect from other sources) with third parties and third party databases, including Government agencies (for example, NZ Transport Authority or Department of Internal Affairs) for the purposes of fraud prevention and complying with the Anti-Money Laundering and Countering Financing Terrorism Act 2009.
- I understand that if I disclose my personal information to Clarity, this information will be disclosed to Centrix. They may hold my information on their database and use it for providing credit reporting services and for any other lawful purpose and they may disclose my information to their subscribers.

If electronic verification is unsuccessful, paper based verification will be required. We will ask you to provide identity and address verification documentation that meets the following requirements:

1. The original sighted by a representative from Clarity or JMI, and a **photocopy** taken and appropriately verified; or
2. The documents must be a **certified copy**, as below:
 - All documents must be certified by either a **Lawyer, Justice of the Peace, Notary Public, NZ Chartered Accountant, registered medical doctor** or a **NZ Honorary Consul**;
 - Documents must include the **full name, occupation and an original signature** of the certifier as well as the **date of certification**
 - The certifier must **not be related to the customer**; a person who lives at the same address or less than 16 years of age
 - Certification must have been carried out in the **three months preceding presentation** of the documents;
 - The certifier must **sight the original identification document** and make a **statement to the effect that the copy provided is 'a true copy of the original'**;
 - Any identity document for an individual person (such as a passport) must include a statement saying that the document is **'a correct likeness of the named individual'**.

What ID is required for Individuals

a) For paper-based verification, you will need to provide proof of your identity which means one of the following options AND proof of address:

- ONE primary identification document listed in Option 1; or (where you cannot provide a primary identification document listed in Option 1);
- ONE primary identification document and ONE secondary identification document listed in Option 2; **or**
- ONE primary identification document and ONE secondary identification document listed in Option 3; **and**

b) ONE address verification document listed in Option 4; **and**

c) Bank deposit slip or bank statement in the name of the investor.

HOW TO COMPLETE THE APPLICATION FORM - CONTINUED

Term	Primary Identity Verification	Secondary Identity Verification
Option 1	<ul style="list-style-type: none"> • New Zealand passport • Overseas passport • New Zealand fire arms license • Certificate of Identity/ Refuge travel document* • National Identity card <p>* Issued by NZ Immigration Services or Department of Internal Affairs New Zealand</p>	<ul style="list-style-type: none"> • None
Option 2	<ul style="list-style-type: none"> • New Zealand Drivers Licence (Front and Back) 	<ul style="list-style-type: none"> • SuperGold card • Credit card (front and back) • Debit card (front and back) • Bank Statement • Government Agency Statement
Option 3	<ul style="list-style-type: none"> • New Zealand full birth certificate • Overseas full birth certificate • Certificate of New Zealand citizenship • Overseas citizenship certificate 	<ul style="list-style-type: none"> • New Zealand Drivers Licence • Overseas drivers licence (with photo) • 18+ card • Student ID, New Zealand Institution (under 18s only) • New Zealand Armed Forces ID • New Zealand Police ID • SuperGold card
Option 4	<ul style="list-style-type: none"> • Bank Statement • Government agency statement • Utility bill 	<ul style="list-style-type: none"> • Local Authority Rates Bill • Insurance Policy • Current Vehicle Registration

We may also need to ask you to provide further documentation or information to complete your application.

What ID is required for an Attorney or person investing for a minor?

Identification is required as specified in 'What ID is required for Individuals?' above.

- We also need a Certification of Non-revocation of a Power of Attorney; **and**
- A birth certificate or proof of guardianship; **or**
- A statutory declaration of the relationship between the minor and the person investing on their behalf to establish the relationship between the investor and the person investing on their behalf.

Who in the Entity needs to provide ID?

All people associated with the entity, as listed below, will need to be identified in line with Individual ID requirements:

- Owners that are companies, trusts or individual shareholders that own more than 25% of the entity
- Trustees
- Executors
- Settlers
- Directors
- Partners
- Officers
- Authorised signatories
- Guardians for minors
- Attorneys (appointed under a power of attorney)
- Beneficiaries who have received a distribution
- Anyone with the authority to act on behalf of the entity e.g. solicitor, administrator.

What ID is required for the Entity?

The type of documentation needed varies, depending on the entity type:

Trusts and Estates

- Copy of the Trust Deed; **and**
- Copy of all amendments to the Trust Deed e.g. Deeds of Retirement of Trustees (where applicable);
or
- Copy of probate **and**
- Bank deposit slip or bank statement in the name of the trust/estate **and**
- Identification for all people associated with the entity as specified in 'What ID is required for Individuals?' above.

For trusts, please also supply:

- Named beneficiaries (please supply all the details requested on the application form for any beneficiary named in the Trust Deed who has received a distribution).
- If the trust is a discretionary or charitable trust, the classes of beneficiaries or objectives of the trust must be provided.

Companies / Partnerships / Incorporated or Unincorporated Societies

- Certificate of incorporation or registration numbers; **or**
- Deed of partnership/formation; **and**
- Bank deposit slip or bank statement in the name of the company, partnership or society; **and**
- Identification for all people associated with the entity as specified in 'What ID is required for Individuals?' above.

Return Form(s)

If you pay by direct credit please send this application form and your payment details to Clarity Funds Management Limited at info@clarityfunds.co.nz.

or

If you are paying by cheque, please mail this application form, together with your cheque made payable to The New Zealand Guardian Trust Company Limited ASF Clarity Funds and any other relevant documentation to:

Clarity Funds Management Limited

PO Box 33-1106

Takapuna, Auckland 0740

Processing will take a few days. The confirmation of investment will be provided within 5 business days of relevant valuation date.

Please feel free to call us on 0800 99 00 55 or 09 308 1450 if you need any help completing the Application Form.

Application Form

Individual Investor(s)



(Please tick appropriate box)

- ☐ This is an initial application
- ☐ This is a subsequent investment
(please insert your investor number in the boxes provided)

OFFICE USE ONLY:

Date / /

CFM

INVESTOR NUMBER

Investor Details

Name

What is the nature and purpose of the investment, for example, income generation, capital gain or retirement savings?

Source of Funds/Wealth

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

☐ Property sale ☐ Gift/Inheritance ☐ Business activity ☐ Accumulated savings ☐ Personal income ☐ Other (describe below)

Please provide details include dates and amounts. For example, sale of family home at address for amount on date.

Note we may need proof or additional information to support your application.

In the last 12 months, has any individual associated with the investor, or an immediate family member, held a prominent public position in any overseas country? For example, high level judicial or military role, ministerial role, diplomat role or senior executive of a state run/owned enterprise. If so, please specify:

Contact Details

Primary Contact Person (for general enquiries)

Daytime Phone

Mobile Phone

Email Address

☐ If this person is authorised to give instructions, and is not an investor please complete page 26, Authorised Person section.

Individual Details

TITLE

FIRST NAMES

SURNAME

Date of Birth

Email Address

Physical Address

Country(s) of citizenship/nationality, please specify below

IRD Number

Occupation

Portfolio Investor Rate (PIR):

☐ 0%

☐ 10.5%

☐ 17.5%

☐ 28%

(tick one - if none selected 28% will apply)

Country(s) of Tax Residency

I am a tax resident of New Zealand

☐ Yes

☐ No

I am a tax resident of other country(s)

☐ Yes

☐ No

If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

- Reason A** The country where I am a tax resident does not issue a TIN to its residents
- Reason B** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below)
- Reason C** The domestic law of the country where I am a tax resident does not require the collection of a TIN

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Individual Details

TITLE

FIRST NAMES

SURNAME

Date of Birth

Email Address

Physical Address

Country(s) of citizenship/nationality, please specify below

Individual Details continued

IRD Number Occupation

Portfolio Investor Rate (PIR): ☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28% (tick one - if none selected 28% will apply)

Country(s) of Tax Residency

I am a tax resident of New Zealand ☐ Yes ☐ No

I am a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

Reason A The country where I am a tax resident does not issue a TIN to its residents

Reason B I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below)

Reason C The domestic law of the country where I am a tax resident does not require the collection of a TIN

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Investment on Behalf of a Minor / Investment for an Individual by a Power of Attorney

TITLE FIRST NAMES SURNAME

Date of Birth / / Email Address

Physical Address

Country(s) of citizenship/nationality, please specify below

Country(s) of Tax Residency

I am a tax resident of New Zealand ☐ Yes ☐ No

I am a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table overpage. If a TIN is not available for that country, use the appropriate reason A, B or C.

Reason A The country where I am a tax resident does not issue a TIN to its residents

Reason B I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table overpage)

Reason C The domestic law of the country where I am a tax resident does not require the collection of a TIN

Investment on Behalf of a Minor / Power of Attorney continued

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Authorised Person

Complete this section if you want to authorise a person (who is not one of the individuals named above) to give instructions and obtain account information on your behalf.

TITLE	FIRST NAMES	SURNAME
Date of Birth / /		Email Address
Relationship to the Investor		Occupation
Physical Address		
Country(s) of citizenship/nationality, please specify below		

Country(s) of Tax Residency

I am a tax resident of New Zealand ☐ Yes ☐ No

I am a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

Reason A The country where I am a tax resident does not issue a TIN to its residents

Reason B I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below)

Reason C The domestic law of the country where I am a tax resident does not require the collection of a TIN

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Investment details

I wish to invest in the following Fund(s):	Investment Amount *	Distribution Instruction **	
Clarity Fixed Income Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
Clarity Dividend Yield Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
Clarity New Zealand Equity Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
Clarity Trans-Tasman Value Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
Clarity Global Shares Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
Clarity - Capital Group New Perspective Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
Clarity Diversified Income Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
Clarity Diversified Growth Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
TOTAL \$ <input type="text"/>			

* Initial investment minimum is \$10,000. Subsequent Investment minimum is \$1,000.

** If no option is selected, the default option is to reinvest the distribution. These selections are only applicable to funds that pay distributions.

Payment

- ☐ Cheque (Please make your cheque payable to The New Zealand Guardian Trust Company Limited ASF Clarity Funds and cross it "Not transferable account payee only")
- ☐ Direct credit (Please deposit direct credit payments in the following BNZ account: 02-0506-0116828-000 in the name of The New Zealand Guardian Trust Company Limited ASF Clarity Funds and reference with your Investor number)

Distribution / Payment Instructions

☐ Direct Credit to account below

Account Name (The bank account must be in the Investor's / Entity name)

Bank

Branch

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BANK

BRANCH

ACCOUNT

SUFFIX

Privacy Act

This statement relates to the personal information that you are providing to Clarity Funds Management Limited (Clarity) by way of this application and any subsequent personal information which you may provide in the future.

The personal information you have supplied may be used by Clarity and The New Zealand Guardian Trust Company Limited (and related entities thereof) for the purposes of enabling Clarity to arrange and manage your investment, and to contact you in relation to your investment. Clarity will provide you (on request) with the name and address of any entity to which information has been disclosed. You have the right to access all personal information held about you by Clarity (with the exception of any information relating to any suspicious transaction report made about you). If any of the information is incorrect, you have the right to have it corrected.

If you are making this investment on behalf of someone else, you acknowledge that you are authorised to provide personal information on behalf of the applicant and evidence of this authority is provided (in the case of a parent/guardian/other providing information about the applicant).

You agree that your/each of your names and addresses may be used by Clarity or any of its related companies, including JMI Wealth Limited and Investment Group Services Limited to provide you with newsletters and other information about the Clarity Funds and other products and services.

Declaration

I/We have read and retained a copy of the Product Disclosure Statement dated 25 October 2019 and agree to be bound by the terms and conditions of the Trust Deed and relevant Establishment Deeds (as amended from time to time).

I/We agree to the terms outlined above in relation to the Privacy Act and the supply of personal information.

I/We understand that the Clarity Funds are vehicles for long-term investment; the value of my/our investment is liable to fluctuations and may rise and fall from time to time.

I/We understand the manner in which the fees will be deducted from my/our investment.

I/we acknowledge that Clarity may be required to disclose information about me/us and my/our investments to third parties, if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities.

I/We agree to indemnify Clarity against any loss it may suffer as a result of me/us providing incorrect or incomplete information.

I/We agree that Clarity will not be liable to me/us or any other third party for any refusal to process, or delay in, processing any transaction on my/our behalf or a suspension of my/our account by Clarity in accordance with the anti-money laundering and countering financing of terrorism laws.

I/We agree to advise Clarity Funds Management immediately if my/our tax residency changes, or my/our Prescribed Investor Rate changes.

I/We agree to advise Clarity immediately if any individual associated with myself/us or any immediate family member holds a prominent public position, not previously held, in any overseas country.

For the purpose of verifying my identify, I consent to the personal information that I have provided being used with (and, where necessary, disclosed to) the following sources: (1) the NZTA for the purpose of checking the MOTO database; (2) the Department of Internal Affairs for the purpose of checking the Passport database; (3) Land Information New Zealand; (4) the Companies Office; (5) Centrix Group Limited (and I authorise Centrix to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided); and (6) the White Pages.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Application Form

Trust or Estate Investors



(Please tick appropriate box)

- ☐ This is an initial application
- ☐ This is a subsequent investment
(please insert your investor number in the boxes provided)

OFFICE USE ONLY:

Date / /

CFM

INVESTOR NUMBER

Investor Details

Entity Name

Entity Address

Entity Type: ☐ Family Trust ☐ Standard Trust ☐ Charitable Trust ☐ Estate

Jurisdiction of Establishment

Is the entity registered? ☐ Yes ☐ No

If so, please provide registration number:

IRD Number

Portfolio Investor Rate (PIR): ☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28% (tick one - if none selected 28% will apply)

Country(s) of Tax Residency

The entity is a tax resident of New Zealand ☐ Yes ☐ No

The entity is a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table overpage. If a TIN is not available for that country, use the appropriate reason A, B or C.

Reason A The country where the entity is a tax resident does not issue a TIN to its residents

Reason B The entity has not been issued a TIN by its country of tax residence (please include an explanation as to why a TIN was not issued to the entity in the table overpage)

Reason C The domestic law of the country where the entity is a tax resident does not require the collection of a TIN

Investor Details continued

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Entity Classification

For more information, please refer to the OECD website, the IRD or consult your tax adviser.

Q1. Is the entity a Financial Institution? If no, go to Q2.

☐ No, the entity is not a Financial Institution.

☐ Yes, the entity is a Financial Institution.

Please select which type of Financial Institution from the options below:

- ☐ The entity is a Depository Institution
- ☐ The entity is a Custodial Institution
- ☐ The entity is a Specified Insurance Company
- ☐ The entity is an Investment Entity

Q2. Is the Investment Entity managed by another Financial Institution? ☐ Yes ☐ No

If the Financial Institution has a Global Intermediary Identification Number (GIIN) please provide it below.

If a GIIN is not applicable please indicate the reason:

- ☐ The entity is a Deemed Compliant Financial Institution
- ☐ The entity is an Exempt Beneficial Owner
- ☐ Other (please provide more detail):

Is the entity's primary business activity selling goods or services or is it a non-profit entity?

Select 'Yes' below if either:

- The entity earns or intends to earn 50% or more of its total income from trading activities; **and** 50% or more of the entity's assets produce or are held for producing trading income; **OR**
- The entity is a non-profit entity and exempt from income tax in its country/jurisdiction of residence.

☐ Yes ☐ No

What is the nature and purpose of the investment, for example, income generation, capital gain or retirement savings?

Investor Details continued

Source of Funds/Wealth

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

☐ Property sale ☐ Gift/Inheritance ☐ Business activity ☐ Accumulated savings ☐ Trust income ☐ Other (describe below)

Please provide details include dates and amounts. For example, sale of family home at address for amount on date.

You will need to provide proof of the source of funds/wealth. Note we may ask for additional information to support your application.

In the last 12 months, has any individual associated with the investor, or an immediate family member, held a prominent public position in any overseas country? For example, high level judicial or military role, ministerial role, diplomat role or senior executive of a state run/owned enterprise. If "Yes", please specify:

Contact Details

Primary Contact Person (for general enquiries)

Daytime Phone

Mobile Phone

Email Address

☐ If this person is authorised to give instructions, and is not an investor please complete page 34, Authorised Person section

Individual Details

This section must be completed by all trustees, executors, settlors or beneficiaries named in the Trust Deed who have received a distribution.

TITLE	FIRST NAMES	SURNAME
Date of Birth		
/ /		
Physical Address		Relationship to the Entity
Email Address		
Occupation	Employer	

Individual Details continued

Country(s) of citizenship/nationality, please specify below

Country(s) of Tax Residency

I am a tax resident of New Zealand ☐ Yes ☐ No

I am a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

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Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Individual Details

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

/ /

Physical Address

Email Address

Occupation

Employer

Country(s) of citizenship/nationality, please specify below

Country(s) of Tax Residency

I am a tax resident of New Zealand ☐ Yes ☐ No

I am a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

Individual Details continued

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Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Individual Details

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Occupation

Employer

Country(s) of citizenship/nationality, please specify below

Country(s) of Tax Residency

- I am a tax resident of New Zealand ☐ Yes ☐ No
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Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Individual Details

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Occupation

Employer

Country(s) of citizenship/nationality, please specify below

Country(s) of Tax Residency

I am a tax resident of New Zealand

☐ Yes ☐ No

I am a tax resident of other country(s)

☐ Yes ☐ No

If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

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Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Authorised Person

Complete this section if you want to authorise a person (who is not one of the individuals named above) to give instructions and obtain account information on your behalf.

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Authorised Person continued

Occupation

Employer

Country(s) of citizenship/nationality, please specify below

Country(s) of Tax Residency

I am a tax resident of New Zealand ☐ Yes ☐ No

I am a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

Reason A The country where I am a tax resident does not issue a TIN to its residents

Reason B I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below)

Reason C The domestic law of the country where I am a tax resident does not require the collection of a TIN

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Investment details

I wish to invest in the following Fund(s):

Investment Amount *

Distribution Instruction **

Clarity Fixed Income Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity Dividend Yield Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity New Zealand Equity Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity Trans-Tasman Value Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity Global Shares Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity - Capital Group New Perspective Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity Diversified Income Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity Diversified Growth Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
TOTAL \$	<input type="text"/>	

* Initial investment minimum is \$10,000. Subsequent Investment minimum is \$1,000.

** If no option is selected, the default option is to reinvest the distribution. These selections are only applicable to funds that pay distributions.

Payment

☐ Cheque (Please make your cheque payable to The New Zealand Guardian Trust Company Limited ASF Clarity Funds and cross it "Not transferable account payee only")

☐ Direct credit (Please deposit direct credit payments in the following BNZ account: 02-0506-0116828-000 in the name of The New Zealand Guardian Trust Company Limited ASF Clarity Funds and reference with your Investor number)

Distribution / Payment Instructions

☐ Direct Credit to account below

Account Name (The bank account must be in the Investor's / Entity name)

Bank

Branch

Account Number

BANK

BRANCH

ACCOUNT

SUFFIX

Privacy Act

This statement relates to the personal information that you are providing to Clarity Funds Management Limited (Clarity) by way of this application and any subsequent personal information which you may provide in the future.

The personal information you have supplied may be used by Clarity and The New Zealand Guardian Trust Company Limited (and related entities thereof) for the purposes of enabling Clarity to arrange and manage your investment, and to contact you in relation to your investment. Clarity will provide you (on request) with the name and address of any entity to which information has been disclosed. You have the right to access all personal information held about you by Clarity (with the exception of any information relating to any suspicious transaction report made about you). If any of the information is incorrect, you have the right to have it corrected.

If you are making this investment on behalf of someone else, you acknowledge that you are authorised to provide personal information on behalf of the applicant and evidence of this authority is provided (in the case of a parent/guardian/other providing information about the applicant).

You agree that your/each of your names and addresses may be used by Clarity or any of its related companies, including JMI Wealth Limited and Investment Services Group Limited to provide you with newsletters and other information about the Clarity Funds and other products and services.

Declaration

I/We have read and retained a copy of the Product Disclosure Statement dated 25 October 2019 and agree to be bound by the terms and conditions of the Trust Deed and relevant Establishment Deeds (as amended from time to time).

I/We agree to the terms outlined above in relation to the Privacy Act and the supply of personal information.

I/We understand that the Clarity Funds are vehicles for long-term investment; the value of my/our investment is liable to fluctuations and may rise and fall from time to time.

I/We understand the manner in which the fees will be deducted from my/our investment.

I/we acknowledge that Clarity may be required to disclose information about me/us and my/our investments to third parties, if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities.

I/We agree to indemnify Clarity against any loss it may suffer as a result of me/us providing incorrect or incomplete information.

I/We agree that Clarity will not be liable to me/us or any other third party for any refusal to process, or delay in, processing any transaction on my/our behalf or a suspension of my/our account by Clarity in accordance with the anti-money laundering and countering financing of terrorism laws.

I/We agree to advise Clarity Funds Management immediately if my/our tax residency changes, or my/our Prescribed Investor Rate changes.

I/We acknowledge that where there is a discretionary trust, the trustee(s) of that trust will notify Clarity Funds Management when a beneficiary of that trust receives a distribution from the trust. We will require an electronic verification to be carried out on the beneficiary at that time.

I/We agree to advise Clarity immediately if any individual associated with myself/us or any immediate family member holds a prominent public position, not previously held, in any overseas country.

For the purpose of verifying my identify, I consent to the personal information that I have provided being used with (and, where necessary, disclosed to) the following sources: (1) the NZTA for the purpose of checking the MOTO database; (2) the Department of Internal Affairs for the purpose of checking the Passport database; (3) Land Information New Zealand; (4) the Companies Office; (5) Centrix Group Limited (and I authorise Centrix to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided); and (6) the White Pages.

Signature of Trustee or Executor or Authorised Signatory

Date

Signature of Trustee or Executor or Authorised Signatory

Date

Signature of Trustee or Executor or Authorised Signatory

Date

Signature of Trustee or Executor or Authorised Signatory

Date

Application Form

Company, Partnership, Other Incorporated and Unincorporated Entities

(Please tick appropriate box)

- ☐ This is an initial application
- ☐ This is a subsequent investment
(please insert your investor number in the boxes provided)



OFFICE USE ONLY:

Date / /

CFM					
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INVESTOR NUMBER

Investor type

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Company | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other Unincorporated Entity or Body |
| <input type="checkbox"/> Superannuation Scheme | | <input type="checkbox"/> Other Incorporated Entity or Body |

Investor details

Entity Name

Registered Address

Entity Type: ☐ Company Private ☐ Company Public ☐ Company Government Body

Country of Registration

Is the entity registered? ☐ Yes ☐ No

If so, please provide registration number:

Is the entity operating as a charity? ☐ Yes ☐ No

Is the entity a vehicle for holding personal assets? ☐ Yes ☐ No

Does the company have any nominee directors or shareholders? ☐ Yes ☐ No

Does the company issue shares in bearer form? ☐ Yes ☐ No

What is the nature and purpose of the investment, for example, income generation, capital gain or retirement savings?

Investor Details continued

Source of Funds/Wealth

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

☐ Property sale ☐ Gift/Inheritance ☐ Business activity ☐ Accumulated savings ☐ Other (describe below)

Please provide details include dates and amounts. For example, business proceeds of amount from the sale of distribution on date.

Note we may need proof or additional information to support your application.

In the last 12 months, has any individual associated with the investor, or an immediate family member, held a prominent public position in any overseas country? For example, high level judicial or military role, ministerial role, diplomat role or senior executive of a state run/owned enterprise. If "Yes", please specify:

--

IRD Number

Portfolio Investor Rate (PIR): ☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28% (tick one - if none selected 28% will apply)

Country(s) of Tax Residency

The entity is a tax resident of New Zealand ☐ Yes ☐ No

The entity is a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

Reason A The country where the entity is a tax resident does not issue a TIN to its residents

Reason B The entity has not been issued a TIN by country of tax residence (please include an explanation as to why a TIN was not issued to the entity in the table below)

Reason C The domestic law of the country where the entity is a tax resident does not require the collection of a TIN

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation
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Entity Classification

For more information, please refer to the OECD website, the IRD or consult your tax adviser.

Q1. Is the entity a Financial Institution? If no, go to Q2.

☐ No, the entity is not a Financial Institution ☐ Yes, the entity is a Financial Institution.

Please select which type of Financial Institution from the options below:

☐ The entity is a Depository Institution ☐ The entity is a Specified Insurance Company
☐ The entity is a Custodial Institution ☐ The entity is an Investment Entity

Is the Investment Entity managed by another Financial Institution? ☐ Yes ☐ No

Investor Details continued

If the Financial Institution has a Global Intermediary Identification Number (GIIN) please provide it below.

If a GIIN is not applicable please indicate the reason:

☐

The entity is a Deemed Compliant Financial Institution

☐

The entity is an Exempt Beneficial Owner

☐

Other (please provide more detail):

Q2. Is the entity's primary business activity selling goods or services or is it a non-profit entity?

Select 'Yes' below if either:

- The entity earns or intends to earn 50% or more of its total income from trading activities; **and** 50% or more of the entity's assets produce or are held for producing trading income; **OR**
- The entity is a non-profit entity and exempt from income tax in its country/jurisdiction of residence.

☐

Yes

☐

No

Contact Details

Primary Contact Person (for general enquiries)

Daytime Phone

Mobile Phone

Email Address

☐

If this person is authorised to give instructions, and is not an investor please complete page 44, Authorised Person section.

Individual Details

This section must be completed by all directors, shareholders, partners, officers or members and any other person authorised to give instructions and obtain account information.

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Country(s) of citizenship/nationality, please specify below

Individual Details continued

Country(s) of Tax Residency

I am a tax resident of New Zealand ☐ Yes ☐ No

I am a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

- Reason A** The country where I am a tax resident does not issue a TIN to its residents
- Reason B** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below)
- Reason C** The domestic law of the country where I am a tax resident does not require the collection of a TIN

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Individual Details

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Country(s) of citizenship/nationality, please specify below

Country(s) of Tax Residency

I am a tax resident of New Zealand ☐ Yes ☐ No

I am a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table overpage. If a TIN is not available for that country, use the appropriate reason A, B or C.

- Reason A** The country where I am a tax resident does not issue a TIN to its residents
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- Reason C** The domestic law of the country where I am a tax resident does not require the collection of a TIN

Individual Details continued

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Individual Details

TITLE	FIRST NAMES	SURNAME
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Date of Birth

/ /

Relationship to the Entity

Physical Address

Email Address

Country(s) of citizenship/nationality, please specify below

Country(s) of Tax Residency

I am a tax resident of New Zealand ☐ Yes ☐ No

I am a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

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Reason C The domestic law of the country where I am a tax resident does not require the collection of a TIN

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Individual Details

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Country(s) of citizenship/nationality, please specify below

Country(s) of Tax Residency

I am a tax resident of New Zealand

☐ Yes

☐ No

I am a tax resident of other country(s)

☐ Yes

☐ No

If yes, more details are required.

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Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation

Authorised Person

Complete this section if you want to authorise a person (who is not one of the individuals named above) to give instructions and obtain account information on your behalf.

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Authorised Person continued

Country(s) of citizenship/nationality, please specify below

Country(s) of Tax Residency

I am a tax resident of New Zealand ☐ Yes ☐ No

I am a tax resident of other country(s) ☐ Yes ☐ No If yes, more details are required.

For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

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Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	If you have selected Reason B please provide an explanation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Investment details

I wish to invest in the following Fund(s):

Investment Amount *

Distribution Instruction **

Clarity Fixed Income Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity Dividend Yield Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity New Zealand Equity Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity Trans-Tasman Value Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity Global Shares Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity - Capital Group New Perspective Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity Diversified Income Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
Clarity Diversified Growth Fund	\$ <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Direct Credit
TOTAL \$	<input type="text"/>	

* Initial investment minimum is \$10,000. Subsequent Investment minimum is \$1,000.

** If no option is selected, the default option is to reinvest the distribution. These selections are only applicable to funds that pay distributions.

Payment

☐ Cheque (Please make your cheque payable to The New Zealand Guardian Trust Company Limited ASF Clarity Funds and cross it "Not transferable account payee only")

☐ Direct credit (Please deposit direct credit payments in the following BNZ account: 02-0506-0116828-000 in the name of The New Zealand Guardian Trust Company Limited ASF Clarity Funds and reference with your Investor number)

Distribution / Payment Instructions

☐ Direct Credit to account below

Account Name (The bank account must be in the Investor's / Entity name)

Bank

Branch

Account Number

BANK

BRANCH

ACCOUNT

SUFFIX

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I/We agree to the terms outlined above in relation to the Privacy Act and the supply of personal information.

I/We understand that the Clarity Funds are vehicles for long-term investment; the value of my/our investment is liable to fluctuations and may rise and fall from time to time.

I/We understand the manner in which the fees will be deducted from my/our investment.

I/we acknowledge that Clarity may be required to disclose information about me/us and my/our investments to third parties, if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities.

I/We agree to indemnify Clarity against any loss it may suffer as a result of me/us providing incorrect or incomplete information.

I/We agree that Clarity will not be liable to me/us or any other third party for any refusal to process, or delay in, processing any transaction on my/our behalf or a suspension of my/our account by Clarity in accordance with the anti-money laundering and countering financing of terrorism laws.

I/We agree to advise Clarity Funds Management immediately if my/our tax residency changes, or my/our Prescribed Investor Rate changes.

I/We agree to advise Clarity immediately if any individual associated with myself/us or any immediate family member holds a prominent public position, not previously held, in any overseas country.

For the purpose of verifying my identify, I consent to the personal information that I have provided being used with (and, where necessary, disclosed to) the following sources: (1) the NZTA for the purpose of checking the MOTO database; (2) the Department of Internal Affairs for the purpose of checking the Passport database; (3) Land Information New Zealand; (4) the Companies Office; (5) Centrix Group Limited (and I authorise Centrix to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided); and (6) the White Pages.

Signature of Director, Partner, Officer or Authorised Signatory

Date

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Signature of Director, Partner, Officer or Authorised Signatory

Date

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Signature of Director, Partner, Officer or Authorised Signatory

Date

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Signature of Director, Partner, Officer or Authorised Signatory

Date

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