

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 including 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.

☐ No ☐ Yes (if "yes", please specify below)

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 24, Authorised Person section.

Individual Details

TITLE	FIRST NAMES	SURNAME
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Date of Birth / /	Phone Number	Email Address
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Physical Address

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

IRD Number	Occupation
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	

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

Country(ies) of Tax Residency

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

I am a tax resident of other country(ies) ☐ 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

Phone Number

Email Address

Physical Address

Country(ies) 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(ies) of Tax Residency

I am a tax resident of New Zealand

Yes

No

I am a tax resident of other country(ies)

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 B

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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

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CLARITY FUNDS APPLICATION FORM

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

TITLE	FIRST NAMES	SURNAME
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Date of Birth	Phone Number	Email Address
/ /		

Physical Address

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

Country(ies) of Tax Residency

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

I am a tax resident of other country(ies) ☐ 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

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	Phone Number	Email Address
Relationship to the Investor	Occupation	
Physical Address		
Country(ies) of citizenship/nationality, please specify below		

Country(ies) of Tax Residency

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

I am a tax resident of other country(ies) ☐ 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

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

☐ 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)

Bank Account

This bank account will be used for distributions and/or withdrawals.

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"/>
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BANK

BRANCH

ACCOUNT

SUFFIX

The Privacy Act

The personal information you have supplied may be used by the Manager and the Supervisor (and related entities detailed in Section 7) for the purposes of enabling the Manager to arrange and manage your investment, and to contact you in relation to your investment.

Your personal information may also be disclosed to, and held and used by third parties that provide services to Clarity. The manager may also share your information with government agencies if requested. Clarity in turn will take reasonable steps to ensure the third party does not breach the Privacy Principles.

You have the right to access all personal information held about you by the Manager and if any of the information is incorrect, you have the right to have it corrected. The Manager will provide you (on request) with the name and address of any entity to which your information has been disclosed.

We collect most personal information directly from you. Sometimes we may (and you authorise us to) collect information about you from publicly available sources of information.

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 Funds Management Limited to provide you with newsletters and other information about the Fund(s) and other products and services.

Declaration

I/We have read and retained a copy of the current Product Disclosure Statement 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 identity, 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 APLY Limited (and I authorise Centrix and APLY 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

/

/

Signing Instruction

The signing instruction sets out how signatories can operate this account with respect to daily transactions and general instructions. Please select **one** of the following options.

☐ All signatories must sign together

☐ At least ____ signatories must sign together

☐ Any one signatory can sign

☐ Other (please provide details)

Please note that changes to the nominated bank account or portfolio closure will require all signatories to sign.

This signing instruction can be changed at any time by providing Clarity with notice in writing which is signed by all signatories.

Financial adviser's declaration (if applicable)

☐ I have met with the above individual(s) and have collected a copy of their current passport or NZ driver's licence and confirm it represents the true likeness of the named individual(s).

Financial adviser's name

Financial adviser's agency number

Financial adviser's signature

Date

D

D

M

M

Y

Y

Y

Y

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					
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INVESTOR NUMBER

Investor Details

Entity Name

Entity Address

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

Jurisdiction of Establishment

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Is the entity registered? ☐ Yes ☐ No

If so, please provide registration number:

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IRD Number

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

Country(ies) of Tax Residency

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

The entity is a tax resident of other country(ies) ☐ 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
<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"/>

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

- 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 you do not have a GIIN 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

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 including 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.

☐ No ☐ Yes (if "Yes", please specify below)

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 36, Authorised Person section

Individual Details

This section must be completed by all trustees, executors, settlors, protectors or other parties who have control of the trust assets.

TITLE	FIRST NAMES	SURNAME
Date of Birth		Relationship to the Entity
<div></div>		<div></div>

Physical Address

Email Address	Phone Number
<div></div>	<div></div>
Occupation	Employer
<div></div>	<div></div>

Country(ies) of citizenship/nationality, please specify below	
<div></div>	<div></div>

Country(ies) of Tax Residency

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

I am a tax resident of other country(ies) ☐ 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
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

Individual Details

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Phone Number

Occupation

Employer

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

Country(ies) of Tax Residency

I am a tax resident of New Zealand

Yes

No

I am a tax resident of other country(ies)

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

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Physical Address

Email Address

Phone Number

Occupation

Employer

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

Country(ies) of Tax Residency

I am a tax resident of New Zealand

☐ Yes

☐ No

I am a tax resident of other country(ies)

☐ Yes

☐ No

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Individual Details

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Phone Number

Occupation

Employer

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

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I am a tax resident of New Zealand

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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

Phone Number

Occupation

Employer

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

Country(ies) of Tax Residency

I am a tax resident of New Zealand

☐ Yes

☐ No

I am a tax resident of other country(ies)

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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

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

☐

 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)

Bank Account

This bank account will be used for distributions and/or withdrawals.

Account Name (The bank account must be in the Investor's / Entity name)	Bank
<input type="text"/>	<input type="text"/>
Branch	Account Number
<input type="text"/>	<div><div><input type="text"/><input type="text"/></div><div><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div><div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div><div><input type="text"/><input type="text"/></div></div>
	<div>BANKBRANCHACCOUNTSUFFIX</div>

The Privacy Act

The personal information you have supplied may be used by the Manager and the Supervisor (and related entities detailed in Section 7) for the purposes of enabling the Manager to arrange and manage your investment, and to contact you in relation to your investment.

Your personal information may also be disclosed to, and held and used by third parties that provide services to Clarity. The manager may also share your information with government agencies if requested. Clarity in turn will take reasonable steps to ensure the third party does not breach the Privacy Principles.

You have the right to access all personal information held about you by the Manager and if any of the information is incorrect, you have the right to have it corrected. The Manager will provide you (on request) with the name and address of any entity to which your information has been disclosed.

We collect most personal information directly from you. Sometimes we may (and you authorise us to) collect information about you from publicly available sources of information.

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 Funds Management Limited to provide you with newsletters and other information about the Fund(s) and other products and services.

Declaration

I/We have read and retained a copy of the current Product Disclosure Statement 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 identity, 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 APLY Limited (and I authorise Centrix and APLY 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

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Date

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Date

/ /

Signing Instruction

The signing instruction sets out how signatories can operate this account with respect to daily transactions and general instructions. Please select **one** of the following options.

☐ All signatories must sign together

☐ At least ____ signatories must sign together

☐ Any one signatory can sign

☐ Other (please provide details)

Please note that changes to the nominated bank account or portfolio closure will require all signatories to sign.

This signing instruction can be changed at any time by providing Clarity with notice in writing which is signed by all signatories.

Financial adviser’s declaration (if applicable)

☐ I have met with the above individual(s) and have collected a copy of their current passport or NZ driver’s licence and confirm it represents the true likeness of the named individual(s).

Financial adviser’s name

Financial adviser’s signature

Financial adviser’s agency number

Date

D D M M Y Y Y Y

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

INVESTOR NUMBER

Investor type

- ☐ Company ☐ Partnership ☐ Other Unincorporated Entity or Body
- ☐ Superannuation Scheme ☐ 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?

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 including 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.

☐ No

☐ Yes (if "Yes", please specify below)

IRD Number

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

Country(ies) of Tax Residency

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

The entity is a tax resident of other country(ies) ☐ 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

Investor Details continued

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

- 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):

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 46, Authorised Person section.

Individual Details

This section must be completed by all directors, shareholders, partners, senior managers/officers or persons with effective control of the company.

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Phone Number

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

Country(ies) of Tax Residency

I am a tax resident of New Zealand

☐ Yes

☐ No

I am a tax resident of other country(ies)

☐ 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

Phone Number

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

Country(ies) of Tax Residency

I am a tax resident of New Zealand

☐ Yes ☐ No

I am a tax resident of other country(ies)

☐ 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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Individual Details

TITLE

FIRST NAMES

SURNAME

Date of Birth

Relationship to the Entity

Physical Address

Email Address

Phone Number

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

Country(ies) of Tax Residency

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

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

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Country(ies) of Tax Residency

I am a tax resident of New Zealand

☐ Yes

☐ No

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- 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

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
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Date of Birth	Relationship to the Entity
/ /	

Physical Address

Email Address	Phone Number

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

Country(ies) of Tax Residency

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

I am a tax resident of other country(ies) ☐ 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

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

☐ 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)

Bank Account

This bank account will be used for distributions and/or withdrawals.

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"/>
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BANK

BRANCH

ACCOUNT

SUFFIX

The Privacy Act

The personal information you have supplied may be used by the Manager and the Supervisor (and related entities detailed in Section 7) for the purposes of enabling the Manager to arrange and manage your investment, and to contact you in relation to your investment.

Your personal information may also be disclosed to, and held and used by third parties that provide services to Clarity. The manager may also share your information with government agencies if requested. Clarity in turn will take reasonable steps to ensure the third party does not breach the Privacy Principles.

You have the right to access all personal information held about you by the Manager and if any of the information is incorrect, you have the right to have it corrected. The Manager will provide you (on request) with the name and address of any entity to which your information has been disclosed.

We collect most personal information directly from you. Sometimes we may (and you authorise us to) collect information about you from publicly available sources of information.

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 Funds Management Limited to provide you with newsletters and other information about the Fund(s) and other products and services.

Declaration

I/We have read and retained a copy of the current Product Disclosure Statement 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 identity, 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 APLY Limited (and I authorise Centrix and APLY 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

/

/

Signature of Director, Partner, Officer or Authorised Signatory

Date

/

/

Signing Instruction

The signing instruction sets out how signatories can operate this account with respect to daily transactions and general instructions. Please select **one** of the following options.

☐ All signatories must sign together

☐ At least ____ signatories must sign together

☐ Any one signatory can sign

☐ Other (please provide details)

Please note that changes to the nominated bank account or portfolio closure will require all signatories to sign.

This signing instruction can be changed at any time by providing Clarity with notice in writing which is signed by all signatories.

Financial adviser’s declaration (if applicable)

☐ I have met with the above individual(s) and have collected a copy of their current passport or NZ driver’s licence and confirm it represents the true likeness of the named individual(s).

Financial adviser’s name

Financial adviser’s agency number

Financial adviser’s signature

Date

D

D

M

M

Y

Y

Y

Y