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 21 - 28.

Trust or Estate Investors - please complete pages 29 - 39.

Company, Partnership, Other Incorporated and Unincorporated Entities - please complete pages 40 - 50.

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 making a direct credit payment, make the payment to the following BNZ bank account: 02-0506-0116828-000
- 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.

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 Group Limited and APLY Limited. 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 Counsul;
 - 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'; and
 - Any identity document for an individual person (such as a passport) must include a statement saying that the document is '<u>a correct likeness of the named individual</u>'.

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

Term	Primary Identity Verification	Secondary Identity Verification
Option 1	 New Zealand passport Overseas passport New Zealand fire arms license Certificate of Identity/ Refuge travel document* National Identity card * Issued by NZ Immigration Services or Department of Internal Affairs New Zealand 	• None
Option 2	• New Zealand Drivers Licence (Front and Back)	 SuperGold card Credit card (front and back) Debit card (front and back) Bank Statement Government Agency Statement
Option 3	 New Zealand full birth certificate Overseas full birth certificate Certificate of New Zealand citizenship Overseas citizenship certificate 	 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	 Bank Statement Government agency statement Utility bill 	Local Authority Rates BillInsurance PolicyCurrent 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
- Settlors
- 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)

Please send this application form and your payment details to Clarity Funds Management Limited at **info@clarityfunds.co.nz** or you can mail your completed forms 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 Details	
Name	
What is the nature and purpose of the investment, for example, income generation, c	apital 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 saving	gs Personal income Other (describe below)
Please provide details including dates and amounts. For example, sale of family home	e at <u>address</u> for <u>amount</u> on <u>date</u> .
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 in any overseas country? For example, high level judicial or military role, ministerial ro run/owned enterprise.	



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 25, Authorised Person section.

TITLE	FIRST NAMES				SURNAME	
Date of Birth		Phone Nu	mber		Email Address	
/	/					
Physical Addr	635					
Country(ies) c	of citizenship/nation	ality, please	specify belo	W		
					Occupation	
IRD Number						
Portfolio Inves	stor Rate (PIR):		0%	10.5%	17.5% 28%	(tick one - if none selected 28% will apply)
Country(ies)	of Tax Residency					
l am a tax res	ident of New Zeala	nd	Yes	No		
l am a tax res	ident of other count	ry(ies)	Yes	No	lf yes, more details ar	re 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

TITLE	FIRST NAMES				SURNAME	
Date of Birth		Phone Nun	nber		Email Address	
/	/					
Physical Addr	ess					
Country(ies) o	of citizenship/nation	ality, please s	specify belo	w		
					Occupation	
IRD Number						
Portfolio Inve	stor Rate (PIR):		0%	10.5%	17.5% 28%	(tick one - if none selected 28% will apply)
Country(ies)	of Tax Residency					
l am a tax res	ident of New Zeald	nd	Yes	No		
l am a tax res	ident of other coun	try(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

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

TITLE FIRST NAMES		SURNAME	
Date of Birth	Phone Number	Email Address	
/ /			
Physical Address			
Country(ies) of citizenship/na	ntionality, please specify below	/	
Country(ies) of Tax Resider	тсу		
I am a tax resident of New Z	ealand Yes	No	
l am a tax resident of other c	country(ies) Yes	No If yes, more dete	ails are required.
	w Zealand, you will need to pr e the appropriate reason A, B		N) or equivalent in the table below. If a TIN is not
Reason A The country wh	ere I am a tax resident does n	not issue a TIN to its resider	its
Reason B I have not been	n issued a TIN by my country o	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 lo	aw of the country where I am a	a tax resident does not requ	uire 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.

	510.07.1.1.1.50		0.00.00.00	
TITLE	FIRST NAMES		SURNAME	
Date of Birth	Date of Birth Phone Number		Email Address	
/	/			
Relationship t	o the Investor		Occupation	
Physical Addr	ess			
Country(ies) c	of citizenship/nati	ionality, please specify below	,	
Country(ies)	of Tax Residence	су		
l am a tax res	ident of New Zee	aland Yes	No	
l am a tax res	ident of other co	puntry(ies) Yes	No If yes, more det	ails are required.
		Zealand, you will need to put the appropriate reason A, B		N) or equivalent in the table below. If a TIN is not
Reason A	The country whe	re I am a tax resident does r	not issue a TIN to its resider	nts
Reason B	l have not been i	issued a TIN by my country a	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 lav	w of the country where I am	a tax resident does not requ	uire the collection of a TIN
Country of Ta	x 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	\$	Reinvest Direct Credit
Clarity Dividend Yield Fund	\$	Reinvest Direct Credit
Clarity New Zealand Equity Fund	\$	Reinvest Direct Credit
Clarity Trans-Tasman Value Fund	\$	Reinvest Direct Credit
Clarity Global Shares Fund	\$	Reinvest Direct Credit
Clarity - Capital Group New Perspective Fund	\$	Reinvest Direct Credit
Clarity Diversified Income Fund	\$	Reinvest Direct Credit
Clarity Diversified Growth Fund	\$	Reinvest Direct Credit
TOTAL	\$	

* 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 redemptions.

Account Name (The bank account must	be in the Investor's / Entity name)	Bank	
Branch	Account Number		
	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
Signature of Applicant
Signature of Applicant
Signature of Applicant

Date		
	/	/
Date		
	/	/
Date		
	/	/
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 NZ 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		

Application Form

Trust or Estate Investors

(Please tick appropriate box)



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 Family Trust Standard Trust Charitable Trust Entity Type: Estate Jurisdiction of Establishment Is the entity registered? No Yes 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(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) No If yes, more details are required. Yes

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

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B, or C if no TIN is available	lf 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

 - 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 Ac	cumulated savings Trust income Other (describe below)						
Please provide details including dates and amounts. For example, sa	le of family home at <u>address</u> for <u>amount</u> on <u>date</u> .						
You will need to provide proof of the source of funds/wealth. Note w	e may ask for additional information to support your application.						
In the last 12 months, has any individual associated with the investor, in any overseas country? For example, high level judicial or military 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

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

7.71.5						CUDMANE	
TITLE	FIRST NAMES					SURNAME	
Date of Birth						Relationship to	the Entity
/ /							
Physical Addr	ress						
Email Addres	S					Phone Number	
Occupation						Employer	
Country(ies) o	of citizenship/nati	ionality, plec	ise specify b	elow			
Country(ies)	of Tax Residen	cy					
l am a tax res	sident of New Zee	aland	Yes		No		
l am a tax res	sident of other co	ountry(ies)	Yes		No	If yes, more deta	ails are required.
	ntry, except New that country, use					x ID Number (TII	N) or equivalent in the table below. If a TIN is not
Reason A	The country whe	re I am a tax	k resident da	bes no	ot issue a [.]	TIN to its residen	ts
Reason B	l have not been	issued a TIN	by my cour	ntry of	tax reside	ence (please include	an explanation as to why a TIN was not issued to you in the table below
Reason C	The domestic lav	w of the cou	ntry where I	am a	tax reside	ent does not requ	ire the collection of a TIN
			ison A, B, or C is available	If you have selected Reason B please provide an explanation			

TITLE	FIRST NAMES				SURNAME		
Date of Birth /	/				Relationship to	the Entity	
Physical Add	ress						
Email Addre	SS				Phone Number		
Occupation					Employer		
Country(ies)	of citizenship/nati	ionality, pleas	e specify belc)W			
Country(ies) of Tax Residen	су					
l am a tax re	sident of New Ze	aland	Yes	No			
l am a tax re	sident of other cc	ountry(ies)	Yes	No	lf yes, more deta	ils are required.	
	untry, except New that country, use				k ID Number (TIN	N) or equivalent in the table below. If a TIN is not	
Reason A	The country whe	re I am a tax	resident does	not issue a -	TIN to its residen	ts	
Reason B	l have not been	issued a TIN	by my country	of tax reside	ence (please include o	an explanation as to why a TIN was not issued to you in the table belo	
Reason C	The domestic law	w of the coun	try where I am	n a tax reside	nt does not requ	ire the collection of a TIN	
Country of To	ax Residency	Tax ID Num	ber (TIN)		son A, B, or C is available	If you have selected Reason B please provide an explanation	

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	If yes, more details are required.
	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 res	sidence (please include an explanation as to why a TIN was not issued to you in the table belo
Reason C The domestic law of the country where I am a tax res	ident does not require the collection of a TIN
	Reason A, B, or C If you have selected Reason B please provide IN is available an explanation

1	,	X 7	I	

TITLE	FIRST NAMES				SURNAME
Date of Birth	h				Relationship to the Entity
/	/				
Physical Add	dress				
Email Addre	ess				Phone Number
Occupation	1				Employer
Country(ies)	of citizenship/nat	ionality, pleas	e specify belo [,]	w	
Country(ie:	s) of Tax Residen	çy			
l am a tax re	esident of New Ze	aland	Yes	No	
l am a tax re	esident of other cc	ountry(ies)	Yes	No	If yes, more details are required.
	ountry, except New r that country, use				x ID Number (TIN) or equivalent in the table below. If a TIN is not
Reason A	The country whe	re I am a tax	resident does	not issue a T	TIN to its residents
Reason B	l have not been	issued a TIN k	by my country	of tax reside	ence (please include an explanation as to why a TIN was not issued to you in the table belo
Reason C	The domestic lay	v of the count	ry where I am	a tax reside	nt does not require the collection of a TIN
				Enter Rea	son A, B, or C If you have selected Reason B please provide

Country of Tax Residency	Tax ID Number (TIN)	if no TIN is available	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 Add	ress				
Email Addres	SS		F	hone Number	
Occupation				Employer	
Country(ies)	of citizenship/nati	ionality, please specify below	/		
Country/ies)	of Tax Residend	CV.			
coomy(ics)		cy			
l am a tax res	sident of New Zee	aland Yes	No		
l am a tax re:	sident of other co	ountry(ies) Yes	No If	yes, more deta	ails are required.
		Zealand, you will need to pr the appropriate reason A, B		ID Number (TII	N) or equivalent in the table below. If a TIN is not
Reason A	The country when	re I am a tax resident does n	not issue a TI	N to its residen	ts
Reason B	I have not been i	issued a TIN by my country c	of tax resider	ICE (please include	an explanation as to why a TIN was not issued to you in the table below
Reason C	The domestic lav	w of the country where I am a	a tax residen	t does not requ	vire the collection of a TIN
Country of Tc	ax Residency	Tax ID Number (TIN)	Enter Reas if no TIN is	on A, B, or C 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	\$	Reinvest Direct Credit
Clarity Dividend Yield Fund	\$	Reinvest Direct Credit
Clarity New Zealand Equity Fund	\$	Reinvest Direct Credit
Clarity Trans-Tasman Value Fund	\$	Reinvest Direct Credit
Clarity Global Shares Fund	\$	Reinvest Direct Credit
Clarity - Capital Group New Perspective Fund	\$	Reinvest Direct Credit
Clarity Diversified Income Fund	\$	Reinvest Direct Credit
Clarity Diversified Growth Fund	\$	Reinvest Direct Credit
TOTAL	\$	

* 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 redemptions.

Account Name (The bank account must be in	Bank		
Branch	Account Number		
	BANK BRANCH A	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 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.

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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

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
All signatories most sign togenter		_ signatories mosi sign togenter	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 NZ 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

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 Superannuation Scheme	Other Unincorporated Entity or Body Other Incorporated Entity or Body
Investor details	
Entity Name	
Registered Address	
Entity Type: Company Private Company P	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 cont	inued					
Source of Funds/Wealth Please tell us the original sour	ce of the funds/wealth you a	are investing with us.				
Property sale G	Gift/Inheritance Bu	siness activity Acc	umulated savings Other (describe below)			
Please provide details includin	g dates and amounts. For e	xample, business proceeds	of <u>amount f</u> rom the sale of distribution on <u>date</u> .			
Note, we may need proof or c	idditional information to sup	oport your application.				
in any overseas country? For e run/owned enterprise.	example, high level judicial o		e family member, held a prominent public position ole, diplomat role or senior executive of a state			
No Yes (if "Yes",	please specify below)					
IRD Number						
Portfolio Investor Rate (PIR):	0% 1	0.5%	% (tick one - if none selected 28% will apply)			
Country(ies) of Tax Residence	cy					
The entity is a tax resident of N	New Zealand	Yes No				
The entity is a tax resident of c	other country(ies)	Yes No If yes	s, more details are required.			
For each country, except New available for that country, use			N) or equivalent in the table below. If a TIN is not			
Reason A The country when	re 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	v of the country where the e	ntity is a tax resident does n	ot 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	lf 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.

	I Contraction of the second					
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 op	ions 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 Fina	ncial Institution? Yes No					
If the Financial Institution has a Global Intermediary Identification N	Number (GIIN) please provide it below.					
If a GIIN is not applicable please indicate the reason:						
The entity is a Deemed Compliant Financial Instituti	on					
The entity is an Exempt Beneficial Owner						
Other (please provide more detail):						
Q2. Is the entity's primary business activity selling goods or service Select 'Yes' below if either:	s or is it a non-promieniny?					
• The entity earns or intends to earn 50% or more of its total inco 50% or more of the entity's assets produce or are held for prod						
• The entity is a non-profit entity and exempt from income tax in i	ts 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 47, Authorised Person section.

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 Add	ress			
Email Addres	S			Phone Number
Country(ies)	of citizenship/nati	onality, please spe	ecify below	
Country(ies)	of Tax Residence	Cy		
l am a tax re	sident of New Zeo	aland Ye	es No	
l am a tax re	sident of other co	untry(ies) Y	es No	If yes, more details are required.
		Zealand, you will the appropriate re		a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not

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

TITLE	FIRST NAMES			SURNAME	
Date of Birth				Relationship to t	the Entity
/	/				
Physical Addr	ess				
Email Address	5			Phone Number	
Country(ies) c	of citizenship/nati	ionality, please specify below			
Country/ies)	of Tax Residen				
coomy(ics)		.y			
l am a tax res	ident of New Ze	aland Yes	No		
l am a tax res	ident of other co	ountry(ies) Yes	No	If yes, more deta	ails are required.
		Zealand, you will need to pr the appropriate reason A, B		x ID Number (TII	N) or equivalent in the table below. If a TIN is not
Reason A	The country whe	re I am a tax resident does n	ot issue a -	TIN to its residen	ts
Reason B	l have not been	issued a TIN by my country c	of tax reside	ence (please include	an explanation as to why a TIN was not issued to you in the table below)
Reason C	The domestic lav	w of the country where I am c	a tax reside	ent does not requ	ire the collection of a TIN
Country of Tax	Residency	Tax ID Number (TIN)		ison A, B, or C s available	If you have selected Reason B please provide an explanation

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.				
eason A The country where I am a tax resident does not issue a TIN to its residents				
eason 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 resi	dent does not require the collection of a TIN			
Enter R	Peason A. B. or C. If you have selected Reason B please provide			

Country of Tax Residency	Tax ID Number (TIN)	if no TIN is available	an explanation

TITLE	FIRST NAMES			SURNAME	
Date of Birth				Relationship to	the Entity
/	/				
Physical Add	ress				
Email Addre	SS			Phone Number	
Country(ies)	of citizenship/nati	onality, please specify below			
Country(ies) of Tax Residend	CY			
	, esident of New Zeo	·	Νο		
l am a tax re	esident of other co	untry(ies) Yes	No	If yes, more dete	ails are required.
		Zealand, you will need to pr the appropriate reason A, B		x ID Number (TI	N) or equivalent in the table below. If a TIN is not
Reason A	The country whe	re I am a tax resident does n	ot issue a	TIN to its resider	nts
Reason B	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 be				
Reason C	The domestic lav	v of the country where I am c	a tax reside	ent does not requ	uire the collection of a TIN
Country of To	ux Residency	Tax ID Number (TIN)		ason A, B, or C 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	
Country(ies) of citizenship/natio	nality, please specify below		
Country(ies) of Tax Residency	/		
I am a tax resident of New Zeal		lo	
I am a tax resident of other cou	untry(ies) Yes N	lo If yes, more deta	ils are required.
For each country, except New 2 available for that country, use th			N) or equivalent in the table below. If a TIN is not
Reason A The country where	e I am a tax resident does not	issue a TIN to its residen	ts
Reason B I have not been is	sued a TIN by my country of t	ax 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 to	ax resident does not requ	ire the collection of a TIN
Country of Tax Residency		Enter Reason A, B, or C f 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 *	Dist	ribution Instruction	on **
Clarity Fixed Income Fund	\$		Reinvest	Direct Credit
Clarity Dividend Yield Fund	\$		Reinvest	Direct Credit
Clarity New Zealand Equity Fund	\$		Reinvest	Direct Credit
Clarity Trans-Tasman Value Fund	\$		Reinvest	Direct Credit
Clarity Global Shares Fund	\$		Reinvest	Direct Credit
Clarity - Capital Group New Perspective Fund	\$		Reinvest	Direct Credit
Clarity Diversified Income Fund	\$		Reinvest	Direct Credit
Clarity Diversified Growth Fund	\$		Reinvest	Direct Credit
TOTAL	\$			

* 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 redemptions.

Account Name (The bank account mu	ast be in the Investor's / Entity name)	Bank	
Branch	Account Number		
	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.

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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.

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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
	,
Signature of Director, Partner, Officer or Authorised Signatory	Date
	/
Signature of Director, Partner, Officer or Authorised Signatory	Date
	,
Signature of Director, Partner, Officer or Authorised Signatory	Date

CLARITY	FUNDS	APPLICATION	FORM	49
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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 NZ 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

