### **HOW TO COMPLETE 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 'a correct likeness of the named individual'.

### What ID is required for Individuals

- a) For paper-based verification, you will need to provide proof of your identity which means one of the following options AND proof of address:
  - ONE primary identification document listed in Option 1; or (where you cannot provide a primary identification document listed in Option 1);
  - ONE primary identification document and ONE secondary identification document listed in Option 2; or
  - ONE primary identification document and ONE secondary identification document listed in Option 3; and
- b) ONE address verification document listed in Option 4; and
- c) Bank deposit slip or bank statement in the name of the investor.



### **HOW TO COMPLETE THE APPLICATION FORM**

Term	Primary Identity Verification	Secondary Identity Verification
Option 1	New Zealand passport     Overseas passport     New Zealand firearms 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)	<ul> <li>SuperGold card</li> <li>Credit card (front and back)</li> <li>Debit card (front and back)</li> <li>Bank Statement</li> <li>Government Agency Statement</li> </ul>
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	<ul><li>Local Authority Rates Bill</li><li>Insurance Policy</li><li>Current Vehicle Registration</li></ul>

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, Funds 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.



### HOW TO COMPLETE THE APPLICATION FORM

### 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 Funds, 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.



# **Daintree Funds Scheme Application Form**

Individual /Joint Investor(s)

marviduat / some mivestor (s)	
(Please tick appropriate box)	OFFICE USE ONLY
This is an initial application	Date / /
This is a subsequent investment (please insert your investor number in the boxes provided)	
	CFM
	INVESTOR NUMBER
Investor Details	
Name	
What is the nature and purpose of the investment, for example, income generation, capital gain or	restirement on incom
what is the nature and purpose of the investment, for example, income generation, capital gain of	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)
Accompliated savings	Office (describe below)
Please provide details including dates and amounts. For example, sale of family home at <u>address</u> f	or <u>amount</u> on <u>date</u> .
Note, we may need proof or additional information to support your application.	
The state of the s	
In the last 12 months, has any individual associated with the investor, or an immediate family mem any overseas country? For example, high level judicial or military role, ministerial role, diplomat ro	
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 com	plete page 22, Authorised Person section.

### **Individual Details** Title First Name 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 No Yes 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)

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

no TIN is available

Tax ID Number (TIN)

Enter Reason A, B, or C if If you have selected Reason B please provide

an explanation

Reason C

Country of Tax Residency

# Individual Details

Title	First Name			Surname				
Date of Birth		Phone Number		Email Address				
Physical Addre	ess							
Country(ies) o	f citizenship/nation	nality, 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							
l am a tax res	ident of New Zeald	and		Yes	No			
l am a tax res	ident of other cour	ntry(ies)		Yes	No If yes, more details are required.			
		ealand, you will need to providing the reason A, B or C.	de a Tax ID	Number (TIN) or	or equivalent in the table below. If a TIN is not availabl			
Reason A The country where I am a tax resident does not issue				a TIN to its reside	lents			
Reason B I have not been issued a TIN by my country of tax re				idence (please includ	ude 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 resid				dent does not red	equire the collection of a TIN			
			Enter Reas	on A, B, or C if	If you have selected Reason B please provide			
Country of Tax	x Residency	Tax ID Number (TIN)	no TIN is c	ıvailable	an explanation			

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

Title	First Name			Surnai	ne					
Date of Birth		Phone Number		Email	Address					
Physical Addre	ess									
Country(ies) o	f citizenship/nation	nality, please specify below								
Country(ies)	of Tax Residency									
I am a tax res	ident of New Zeald	and			es es	N	No			
l am a tax res	ident of other cour	ntry(ies)			es es	N	No	If yes, more de	etails are require	d.
		ealand, you will need to proviate reason A, B or C.	vide a Tax ID	Numbe	er (TIN) (	or equ	ivalent in t	he table below.	If a TIN is not a	vailable
Reason A	The country v	where I am a tax resident do	es not issue c	a TIN to	its resid	dents				
Reason B	I have not be	een issued a TIN by my coun	try of tax resi	dence (	please inclu	ude an ex	xplanation as t	o why a TIN was not is	ssued to you in the tak	ole below)
Reason C	The domestic	c law of the country where I c	am a tax resid	dent do	es not re	equire	the collect	ion of a TIN		
Country of Ta:	x Residency	Tax ID Number (TIN)	Enter Reasono TIN is a				ou have sel explanation	ected Reason B	please provide	

### **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 Name			Surname		
Date of Birth		Phone Number		Email Address		
Relationship t	o Investor			Occupation		
Physical Addr	ess					
Countrylies)	of citizenshin/nationa	lity, please specify below				
Coomy(les) c	or cinzensinp/nanona	my, piedse specify below				
Country(ies)	of Tax Residency					
I am a tax res	ident of New Zealan	d		Yes	N	40
I am a tax res	sident of other countr	y(ies)		Yes	N	No If yes, more details are required.
	ntry, except New Zea ry, use the appropria		de a Tax ID	Number (TIN) (	or equi	ivalent in the table below. If a TIN is not available
Reason A	The country wh	ere I am a tax resident doe:	s not issue (	a TIN to its resid	lents	
Reason B	I have not beer	n issued a TIN by my countr	y of tax resi	dence (please inclu	ıde an exp	eplanation 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 ar	n a tax resi	dent does not re	equire t	the collection of a TIN
Country of Ta	x Residency To	ıx ID Number (TIN)	Enter Reasono TIN is a			u have selected Reason B please provide explanation

# **Investment Details**

I wish to invest in the following	owing Fund:	Investment Amou			Distribution Instruction	**	
Daintree Core Income PIE		Investment Amou	int .		Distribution instruction	on ··	
TOTAL					Reinvest	Direct Cre	edit
		* Initial investment m	inimum is \$1	0,000. Subsequent	Investment minimum is \$1	,000.	
Payment		** If no option is sele	cted, the def	ault option is to rein	vest the distribution.		
Direct credit					06-0116828-00 in the na I reference with your Invest		
Bank Account							
This bank account will be us	sed for redemptions						
Account Name				Bank			
(The bank account must be in t	he Investor's / Entity n	ame)					
Branch			Account 1	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 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 Fund is a vehicle for 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 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

# 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. The signing instruction can be changed at any time by providing the Manager 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 named individual(s). Financial Adviser's Name Financial Adviser's Agency Number

**Signing Instruction** 

# **Daintree Funds Scheme Application Form**

Company, Partnership, Other Incorporated and Unicorporated 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 Type	
Company Partnership Other  Superannuation Scheme	Unincorporated Entity or Body  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:	V
Is the entity operating as a charity?  Is the entity a vehicle for holding personal assets?	Yes No
Does the company have any nominee directors or shareholders?	Yes
Does the company issue shares in bearer form?	Yes
What is the nature and purpose of the investment, for example, income of	eneration, 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 s		or me ronds, wedin	1	neritance	11 03.	Business activity
	ated savings			escribe below)		Dosinoss delivily
	-					
Please provide	details including a	dates and amounts	. For exan	nple, busine	ss proceeds of <u>a</u>	mount from the sale of distribution on <u>date</u> .
Note, we may	need proof or add	itional information	to suppo	rt your appli	cation.	
						mily member, held a prominent public position in plomat role or senior executive of a state run/owned
No	Yes (if "yes"	, please specify)				
IRD Number						
Portfolio Invest	or Rate (PIR):				0.5% 17.5 ed 28% will apply)	% 28%
Country(ies) c	of Tax Residency					
The entity is a t	tax resident of Nev	v Zealand	Y	es N	lo	
The entity is a t	tax resident of othe	er country(ies)	Υ	es N	lo 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	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 my country of tax residence (please include an explanation as to why a TIN was not issued to to the entity in the table below)					
Reason C	The domestic	law of the country	where the	entity is a to	ax resident does	not require the collection of a TIN
Country of Tax	Residency -	Tax ID Number (TIN	١)	Enter Reas		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?				
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				
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; <b>OR</b>				
• The entity is a non-profit entity and exempt from income tax in its country/jurisdiction of residence.				
Yes				
Contact Details				
Primary Contact Person (for general enquiries)				
Daytime Phone Mobile Phone				
Email Address				
If this person is authorised to give instructions, and is not an investor please complete page 44, Authorised Person section.				

### **Individual Details**

This section must be completed by all directors, shareholders, partners, officers or members and any other person authorised to give instructions and obtain account information. Title First Name 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 No Yes 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 Enter Reason A, B, or C if If you have selected Reason B please provide

no TIN is available

an explanation

Country of Tax Residency

Tax ID Number (TIN)

# **Individual Details** Title First Name 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) 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 below. If a TIN is not available for that country, use the appropriate reason A, B or C. The country where I am a tax resident does not issue a TIN to its residents Reason A 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

no TIN is available

Tax ID Number (TIN)

Country of Tax Residency

Enter Reason A, B, or C if If you have selected Reason B please provide

an explanation

# Individual Details

First Name  Date of Birth	Surname  Relationship to the Entity
Physical Address	
Email Address	Phone Number
Country(ies) of citizenship/nationality, please specify below	
Country(ies) of Tax Residency	
am a tax resident of New Zealand Yes No	
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 I for that country, use the appropriate reason A, B or C.	D Number (TIN) or equivalent in the table below. If a TIN is not available
Reason A The country where I am a tax resident does not issue	e a TIN to its residents
Reason B I have not been issued a TIN by my country of tax re	esidence (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 re	sident does not require the collection of a TIN
	ason A, B, or C if If you have selected Reason B please provide an explanation

## **Individual Details** Title First Name 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) 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 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

Enter Reason A, B, or C if

no TIN is available

Country of Tax Residency

Tax ID Number (TIN)

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. First Name Title 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 No Yes 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. The country where I am a tax resident does not issue a TIN to its residents Reason A 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 Enter Reason A, B, or C if If you have selected Reason B please provide Country of Tax Residency Tax ID Number (TIN) no TIN is available an explanation

# Investment Details

I wish to invest in the following Fund:	Investment Amount *	Distribution Instruction **
Daintree Core Income PIE	\$	
TOTAL	\$	Reinvest Direct Credit
		0,000. Subsequent Investment minimum is \$1,000.
Payment	ii no opnom s selecieu, me den	doni opnori is to retrivesi me distribution.
· · · · · · · · · · · · · · · · · · ·	, ,	account: 02-0506-0116828-00 in the name of The New ands Scheme and reference with your Investor number)
Bank Account		
This bank account will be used for redemption	ons.	
Account Name	Ва	nk
(The bank account must be in the Investor's / Enti	y name)	
Branch	Account Num	ber

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 Fund is a vehicle for 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 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

# 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. The signing instruction can be changed at any time by providing the Manager 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 named individual(s). Financial Adviser's Name Financial Adviser's Agency Number

**Signing Instruction** 

# **Daintree Funds Scheme Application Form**

### **Trust or Estate Investors**

(Please tick approp	priate box)					OFFICE USE ONLY
This is an in	This is an initial application					
This is a subsequent investment (please insert your investor number in the boxes pro			rovided)			Date / /
(piedse ilise	art your investor	Thamber in the boxes pr	ovidedy			CFM .
						Investor number
Investor De	tails					
Entity Name						
,						
Entity Address						
Entity Type:		Family Trust	Sta	ndard Trust	CI	naritable Trust Estate
Jurisdiction of Esta	ablishment	,				
Is the entity registe	ered?		Yes	No		
If so, please provide	de registratior	n number:				
IRD Number						
Portfolio Investor F	Rate (PIR):			0%	10.5%	17.5% 28%
Country(ies) of Tax	x Residency			(tick one - if none	e selected 28% v	vill apply)
The entity is a tax	resident of Ne	ew Zealand	Yes	No		
The entity is a tax	resident of oth	ner country(ies)	Yes	No	If yes, mo	re details are required.
For each country	excent New 7	ealand you will need	to provide a To	ax ID Number (1	TN) or equiv	alent in the table below. If a TIN is not available
		riate reason A, B or C.		3X 12 1 (0111201 (1	11 ty or oquit.	aren in me lable belevi, il a fili (le fier a fallable
Reason A	The country	where the entity is a ta	x resident doe	s not issue a TIN	I to its reside	nts
Reason B		as not been issued a TI n explanation as to why a TIN v				
Reason C	The domesti	c law of the country wh	nere the entity	is a tax resident	does not rec	juire the collection of a TIN
6	.1	T 15.11		Reason A, B, or		have selected Reason B please provide
Country of Tax Res	sidency	Tax ID Number (TIN)	no TIN	l is available	an exp	planation

# Investor Details continued

Entity Classific	ation
For more inform	ation, please refer to the OECD website, the IRD or consult your tax adviser.
Q1. Is the entity	a Financial Institution?
No, the e	entity is not a Financial Institution.
Yes, the e	entity is a Financial Institution
Please select wh	ich type of Financial Institution from the options below:
Т	he entity is a Depository Institution
Т	he entity is a Custodial Institution
Т	he 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 Fir	nancial Institution has a Global Intermediary Identification Number (GIIN) please provide it below.
If you do	o not have a GIIN please indicate the reason:
Т	he entity is a Deemed Compliant Financial Institution
Т	he 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' belc	
	earns or intends to earn 50% or more of its total income from trading activities; and re of the entity's assets produce or are held for producing trading income; <b>OR</b>
	s a non-profit entity and exempt from income tax in its country/jurisdiction of residence.
	NI-
Yes	No
	re 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/we	alth 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 <u>address</u> for <u>amount</u> on <u>date</u>								
You will need to provide proof of the source of fund	ds/wealth. Note we may ask	for additional informat	ion 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)								
Contact Details								
Primary Contact Person (for general enquiries)								
Daytime Phone		Mobile Phone						
Email Address								
If this person is authorised to give instruction	ons, and is not an investor	please complete page	e 33 Authorised Person section.					

# Individual Details

This section must be completed by all trustees, executors, settlors or beneficiaries named in the Trust Deed.

Title	First Name				Surname	
Date of Birth					Relationship to	the Entity
Physical Addre	ess					
Email Address	6				Phone Number	
Occupation					Employer	
Country(ies) o	f citizenship/nation	nality, please sp	pecity below			
Country(ies)	of Tax Residency					
I am a tax res	ident of New Zeal	and	Yes	No		
I am a tax res	ident of other cour	ntry(ies)	Yes	No	If yes, more	details are required.
	ntry, except New Zory, use the approp			ide a Tax ID	Number (TIN) or	r equivalent in the table below. If a TIN is not available
Reason A	The country	where I am a to	ax resident doe	es not issue	a TIN to its reside	ents
Reason B	I have not be	en issued a TII	N by my count	ry of tax resi	idence (please includ	le an explanation as to why a TIN was not issued to you in the table below)
Reason C	The domestic	c law of the cou	untry where I a	ım a tax resi	dent does not red	quire the collection of a TIN
Country of Ta:	x Residency	Tax ID Numbe	r (TIN)	Enter Reasono TIN is c	on A, B, or C if Ivailable	If you have selected Reason B please provide an explanation

# Individual Details Title First Name Surname Date of Birth Relationship to the Entity Physical Address

Email Address				Phone Number	er
Occupation				Employer	
Country(ies) of citizenship/nationa	ılity, please speci	fy below			
Country(ies) of Tax Residency					
I am a tax resident of New Zealan	nd	Yes	No		
I am a tax resident of other countr	y(ies)	Yes	No	If yes, mor	e details are required.
For each country, except New Zea for that country, use the appropria			de a Tax ID	Number (TIN)	or equivalent in the table below. If a TIN is not available
Reason A The country wh	nere I am a tax re	esident doe	s not issue (	a TIN to its resi	dents
Reason B I have not bee	n issued a TIN b	y my countr	y of tax resi	dence (please incl	lude an explanation as to why a TIN was not issued to you in the table below)
Reason C The domestic I	aw of the countr	y where I aı	m a tax resi	dent does not r	require the collection of a TIN
				on A, B, or C if	
Country of Tax Residency Tax	ax ID Number (T	IN)	no TIN is a	vailable	an explanation

# Individual Details Title First Name Surname Relationship to the Entity Date of Birth Physical Address Email Address Phone Number

Occupation		Employer					
Country(ies) of citizenship/r	nationality, please specify below						
Country(ies) of Tax Resid	ency						
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 Notes for that country, use the ap		vide a Tax ID Number (TIN) c	or equivalent in the table below. If a TIN is not available				
Reason A The cou	The country where I am a tax resident does not issue a TIN to its residents						
Reason B I have n	not been issued a TIN by my cour	ntry of tax residence (please inclu	de an explanation as to why a TIN was not issued to you in the table below)				
Reason C The dor	mestic law of the country where I	am a tax resident does not re	quire 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 Name				Surname		
Date of Birth					Relationship to t	the E	ntity
Physical Addre	ess						
Email Address	;				Phone Number		
Occupation					Employer		
Country/ies)	f citizenshin/nation	nality, please specif	v helow				
Coominy(les) o	i chizenship/hallol	idiliy, piedse specii	y below				
							,
Country(ies)	of Tax Residency						
I am a tax res	ident of New Zeal	and	Yes	No			
I am a tax res	ident of other cour	ntry(ies)	Yes	No	If yes, more	detai	ils are required.
		ealand, you will nee riate reason A, B or		a Tax ID	Number (TIN) or	r equ	vivalent in the table below. If a TIN is not available
Reason A	The country	where I am a tax re	sident does n	not issue d	a TIN to its reside	ents	
Reason B	I have not be	een issued a TIN by	my country o	of tax resi	dence (please includ	e an ex	explanation as to why a TIN was not issued to you in the table below)
Reason C	The domestic	c law of the country	where I am	a tax resid	dent does not rec	quire	the collection of a TIN
Country of Tax	x Residency	Tax ID Number (TII		nter Reaso o TIN is a	on A, B, or C if vailable		ou have selected Reason B please provide 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. First Name Title 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 No Yes 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 Enter Reason A, B, or C if If you have selected Reason B please provide Country of Tax Residency Tax ID Number (TIN) no TIN is available an explanation

## **Investment Details**

I wish to invest in the following Fund:	Investment Amou	nt *	Distribution Instruction **
Daintree Core Income PIE	\$		
TOTAL	\$		Reinvest Direct Credit
	* Initial investment n	ninimum is \$10,000. Sul	osequent Investment minimum is \$1,000.
Payment	** If no option is sel	ected, the default option	is to reinvest the distribution.
			-0506-0116828-00 in the name of The New and reference with your Investor number)
Bank Account			
This bank account will be used for redemptic	ns.		
Account Name		Bank	
(The bank account must be in the Investor's / Entit	y name)		
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 Fund is a vehicle for 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 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.

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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

# 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 Other (please provide details) Please note that changes to the nominated bank account or portfolio closure will require all signatories to sign. The signing instruction can be changed at any time by providing the Manager 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 named individual(s). Financial Adviser's Name Financial Adviser's Agency Number

**Signing Instruction**