Daintree Funds Scheme Application Form

Individual /Joint 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) Investor Details	OFFICE USE ONLY Date / / CFM				
Investor Details					
Name					
What is the nature and purpose of the investment, for example, income ge	neration, capital gain or retirement savings?				
Source of Funds/Wealth Please tell us the original source of the funds/wealth you are investing with	us.				
Property sale Gift/Inheritance	Business activity				
Accumulated savings Personal income	Other (describe below)				
Please provide details including dates and amounts. For example, sale of for	amily home 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 family member, held a prominent public position in any overseas country? For example, high level judicial or military role, ministerial role, diplomat role or senior executive of a state run/owned enterprise. No Yes (if "yes", please specify below)					
Contact Details					
Primary Contact Person (for general enquiries)					
Daytime Phone	Mobile Phone				
Email Address					

If this person is authorised to give instructions, and is not an investor please complete page 23, Authorised Person section.

Title	First Name			Surname			
Date of Birth		Phone Number		Email Address			
/	/						
DI · IAII							
Physical Addre	SS .						
Country(ies) of	citizenship/nation	ality, please specify below					
IRD Number				Occupation			
5 (1)	. (212)			00/		. =	0004
Portfolio Invest	or Rate (PIR):			0% 10.5% 17.5% 28% (tick one - if none selected 28% will apply)			
Countrylies	of Tax Residency			(nek one - ii none .	sciecica 2070 W	т арртуј	
				V			
I am a tax resi	dent of New Zeala	nd		Yes	No		
I am a tax resi	dent of other coun	try(ies)		Yes	No	If yes, more details	are required.
		aland, you will need to prov ate reason A, B or C.	ide a Tax ID	Number (TIN)	or equivalen	nt in the table below.	If a TIN is not available
Reason A	The country w	here I am a tax resident doe	es not issue o	a TIN to its resid	lents		
Reason B	I have not bee	en issued a TIN by my count	ry of tax resi	dence (please inclu	ude an explanatio	on as to why a TIN was not	issued to you in the table below)
Reason C	The domestic	law of the country where I a	m a tax resid	dent does not re	equire the co	ollection of a TIN	
Country of Tax	Residency	Tax ID Number (TIN)	Enter Reason TIN is a	on A, B, or C if vailable	lf you hav an explan	ve selected Reason E nation	B please provide

Title	First Name			Surname			
Date of Birth	/	Phone Number		Email Address	S		
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						
	ident of New Zeald			Yes	No		
I am a tax res	ident of other cour	ntry(ies)		Yes	No	If yes, more details are required.	
		ealand, you will need to provi riate reason A, B or C.	ide a Tax ID	Number (TIN)	or equivalent in	the table below. If a TIN is not available	
Reason A	The country	where I am a tax resident doe	es not issue c	ı TIN to its resi	dents		
Reason B	ason 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	Reason C The domestic law of the country where I am a tax resident does not require the collection of a TIN						
		Enter Reasono TIN is a	on A, B, or C if vailable	If you have se an explanatio	lected Reason B please provide n		

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

Title First Name				Surname			
Date of Birth	ate of Birth Phone Number		E	Email Addres	S		
/	/						
Physical Addre	ess						
Country(ies) o	f citizenship/nationa	ality, please specify below					
Country(ies)	of Tax Residency						
I am a tax res	ident of New Zealar	nd		Yes	No	,	
l am a tax res	ident of other count	ry(ies)		Yes	No	lf yes, more	e details are required.
	, ,	aland, you will need to provi ate reason A, B or C.	ide a Tax ID N	Number (TIN)	or equiv	alent in the table belo	ow. If a TIN is not available
Reason A	The country wl	here I am a tax resident doe	es not issue a	TIN to its res	idents		
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 below)						
Reason C	The domestic	law of the country where I a	m a tax reside	ent does not	require th	ne collection of a TIN	
Country of Tax	x Residency To	ax ID Number (TIN)	Enter Reason	n A, B, or C i ailable		have selected Reason planation	n 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	tle First Name		Surname	Surname		
Date of Birth		Phone Number	Email Addre	ess		
/	/					
Relationship	to Investor		Occupation			
Physical Add	ress					
C /: \	-f -:::/					
Country(les)	ot citizensnip/national	ity, please specify below				
Country(ies	of Tax Residency					
I am a tax re	sident of New Zealand	d	Yes	No		
I t	-:	/:\	V	No. of the second details are according to		
i am a fax re	sident of other country	/(ies)	Yes	No If yes, more details are required.		
For each cou	untry avcant Naw Zaal	land you will pood to prov	do a Tay ID Number (TIN	J) or equivalent in the table below. If a TIN is not available		
	try, use the appropriat		de d'Idx ID Nomber (mi	y) of equivalent in the table below. If a first is not available		
Reason A	The country wh	ere I am a tax resident doe	s not issue a TIN to its re	sidents		
Reason B	I have not beer	i issued a TIN by my counti	ry of tax residence (please in	nclude 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 a	m a tax resident does no	t require the collection of a TIN		
				.t It I I I I I I I I I I I I I I I I I		
Country of To	ax Residency Ta	x ID Number (TIN)	no TIN is available	if If you have selected Reason B please provide an explanation		

Investment Details

I wish to invest in the following Fund(s):	Investment Amount	k	Distribution Instruction**
Daintree Core Income PIE	\$		Reinvest Direct Credit
Daintree High Income PIE	\$		Reinvest Direct Credit
TOTAL	\$		
	** If no option is selec	ted, the default option is to	quent Investment minimum is \$1,000. o reinvest the distribution. 506-0116828-00 in the name of NZGT ATF
Bank Account			
This bank account will be used for withdraw	als.		
Account Name		Bank	
(The bank account must be in the Investor's / Enti	ty name)		
Branch	A	account Number	
Account Name (The bank account must be in the Investor's / Entitle	ty name) 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/quardian/other providing information about the applicant).

You agree that your/each of your names and addresses may be used by Clarity 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 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 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					
Financial Advisar's Signature	Date					
represents the true likeness of named individual(s).						

Signing Instruction

Daintree Funds Scheme Application Form

Trust or Estate Investors

(Please tick appropriate box)			OFFICE LISE ONLY
This is an initial application			OFFICE USE ONLY
This is a subsequent investment (please insert your investor numbe	er in the boxes provided)		Date / /
(1			CFM CFM
			investor number
Investor Details			
Entity Name			
Entity Address			
Entity Type: Family	y Trust S	Standard Trust	Charitable Trust Estate
Jurisdiction of Establishment			
1	V	N	
Is the entity registered?	Yes	No	
If so, please provide registration number	er:		
IRD Number			
Portfolio Investor Rate (PIR):		0%	0.5% 17.5% 28%
Country(ies) of Tax Residency		(tick one - if none selecte	ed 28% will apply)
The entity is a tax resident of New Zeal	and Yes	No	
The entity is a tax resident of other cour		No If y	es, more details are required.
			r equivalent in the table below. If a TIN is not available
for that country, use the appropriate rec		i lax ID Nottiber (Tilly) of	r equivalent in the table below. If a fire is not available
Reason A The country where t	he entity is a tax resident d	oes not issue a TIN to its	s residents
	een issued a TIN by my co ion as to why a TIN was not issued to		
Reason C The domestic law of	f the country where the ent	ity is a tax resident does	not require the collection of a TIN
Country of Tay Posidona.		er Reason A, B, or C if TIN is available	If you have selected Reason B please provide
Country of Tax Residency Tax ID	Number (TIN) no	TITA IS UVUITUDITE	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 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. No Yes 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/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	ls/wealth. Note we may ask	for additional informat	tion 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)							
D :: 01							
Daytime Phone		Mobile Phone					
Email Address							
If this person is authorised to give instruction	ns, and is not an investor	please complete page	e 34, Authorised Person section.				

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

Title	First Name				Surname	
Date of Birth					Relationship to	the Entity
/	/					
Physical Addre	ess					
Email Address					Phone Number	
Occupation					Employer	
Country(ies) of	f citizenship/natio	nality, please spe	ecify below			
			,			
Country(ies)	of Tax Residency					
l am a tax resi	dent of New Zeal	and	Yes	No		
l am a tax resi	dent of other cour	ntry(ies)	Yes	No	If yes, more	details are required.
	ntry, except New Zo y, use the approp			ide a Tax ID	Number (TIN) o	r equivalent in the table below. If a TIN is not available
Reason A	The country	where I am a tax	resident doe	s not issue o	a TIN to its reside	ents
Reason B	I have not be	een issued a TIN	by my countr	ry of tax resi	dence (please includ	e an explanation as to why a TIN was not issued to you in the table below)
Reason C	The domestic	c law of the cour	ntry where I a	m a tax resi	dent does not red	quire the collection of a TIN
Country of Tax	« Residency	Tax ID Number	(TIN)	Enter Reasono TIN is a	on A, B, or C if vailable	If you have selected Reason B please provide an explanation

Title	First Name				Surname	
Date of Birth					Relationship to t	he Entity
/	/					
Physical Addre	ess					
,						
Email Address					Phone Number	
2						
Occupation					Employer	
					2	
			.6.1.1			
Country(ies) o	f citizenship/nation	nality, please spec	ity below			
Country(ies)	of Tax Residency					
l am a tax resi	dent of New Zeald	and	Yes	No		
l am a tax resi	dent of other cour	ntry(ies)	Yes	No	If yes, more	details are required.
	ntry, except New Zery, use the appropr			de a Tax ID	Number (TIN) or	equivalent in the table below. If a TIN is not available
Reason A	The country	where I am a tax r	resident doe	s not issue o	a TIN to its reside	ents
Reason B	I have not be	een issued a TIN b	by my countr	ry of tax resi	dence (please includ	e an explanation as to why a TIN was not issued to you in the table below)
Reason C	The domestic	c law of the count	ry where I ai	m a tax resid	dent does not rec	quire the collection of a TIN
Country of Tax	« Residency	Tax ID Number (T	īN)	Enter Reasono TIN is a	on A, B, or C if vailable	If you have selected Reason B please provide an explanation

Title	First Name				Surname	
Date of Birth					Relationship to t	he Entity
/	/					
Physical Addre	ess					
Email Address	;				Phone Number	
Occupation					Employer	
Country(ies) o	f citizenship/natio	nality, please spe	cify below			
Country(ies)	of Tax Residency					
I am a tax resi	ident of New Zeal	and	Yes	No		
I am a tax resi	ident of other cour	ntry(ies)	Yes	No	If yes, more	details are required.
	ntry, except New Zory, use the appropr			de a Tax ID	Number (TIN) or	equivalent in the table below. If a TIN is not available
Reason A	The country	where I am a tax	resident doe	s not issue o	a TIN to its reside	nts
Reason B	I have not be	een issued a TIN	by my countr	ry of tax resi	dence (please includ	e an explanation as to why a TIN was not issued to you in the table below)
Reason C	The domestic	c law of the coun	try where I ai	m a tax resid	dent does not rec	uire the collection of a TIN
Country of Tax	x Residency	Tax ID Number (TIN)	Enter Reason no TIN is a	on A, B, or C if vailable	If you have selected Reason B please provide an explanation

Title	First Name				Surname			
Date of Birth					Relationship to t	he Entity		
/	/							
Physical Addre	ess							
Email Address					Phone Number			
Ziliali / ladioss					Thene Trember			
Occupation					Employer			
					1 /			
Country(ies) o	f citizenship/natio	nality, please spec	ity below					
Country(ies)	of Tax Residency							
l am a tax resi	ident of New Zeal	and	Yes	No				
l am a tax resi	ident of other cour	ntry(ies)	Yes	No	If yes, more	details are required.		
	ntry, except New Zory, use the appropr			le a Tax ID	Number (TIN) or	equivalent in the table below. If a TIN is not available		
Reason A	The country	where I am a tax r	esident does	not issue o	a TIN to its reside	ents		
Reason B	son 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	c law of the count	y where I am	n a tax resid	dent does not rec	quire the collection of a TIN		
Country of Tax	x Residency	Tax ID Number (T		Enter Reaso no TIN is a	on A, B, or C if vailable	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 Name				Surname	
Date of Birth					Relationship to t	the Entity
/	/					
Physical Addr	ress					
Email Addres	s				Phone Number	
Email / dares					THOUGH TOILIDGE	
Occupation					Employer	
Country(ies)	of citizenship/natio	nality, please spec	cify below			
Country(ies)	of Tax Residency					
I am a tax res	sident of New Zeal	and	Yes	No		
l am a tay res	sident of other cou	ntry(ies)	Yes	No	If was more	details are required.
	ntry, except New Z ry, use the approp			de a Tax ID	Number (TIN) or	r equivalent in the table below. If a TIN is not available
Reason A				not issue	a TINI to its reside	nata
Reuson A	The country	where I am a tax	resideni doe	s noi issue i	u IIIN IO IIS IESIGE	ans
Reason B	I have not be	een issued a TIN I	by my countr	y of tax resi	idence (please includ	e an explanation as to why a TIN was not issued to you in the table below)
Reason C	The domesti	c law of the count	try where I ar	m a tax resi	dent does not rec	quire the collection of a TIN
					on A, B, or C if	If you have selected Reason B please provide
Country of Ta	x Residency	Tax ID Number (TIN)	no TIN is c	ıvailable	an explanation

Investment Details

I wish to invest in the following Fund(s):	Investment Amount*	Distrib	ution Instruction**
Daintree Core Income PIE	\$	Re	einvest Direct Credit
Daintree High Income PIE	\$	Re	einvest Direct Credit
TOTAL	\$		
	** If no option is selected, t		
Bank Account			
This bank account will be used for withdrawa	ıls.		
Account Name		Bank	
(The bank account must be in the Investor's / Entit	y name)		
Branch	Ассои	nt Number	
	BANK	BRANCH ACCC	unt 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/quardian/other providing information about the applicant).

You agree that your/each of your names and addresses may be used by Clarity 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 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 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

Date

Signing Instruction

Financial Adviser's Signature

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 NVESTOR NUMBER					
Investor Type						
Company Partnership Other Unincorporated E Superannuation Scheme Other Incorporate						
Investor Details						
Entity Name						
Registered Address						
Entity Type Company Private Company Public Country of Registration	Company Government Body					
Is the entity registered?	Yes					
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					
Does the company have any nominee directors or shareholders?	Yes					
Does the company issue shares in bearer form? Yes No						
What is the nature and purpose of the investment, for example, income generation, capital gain	or retirement savings?					

Investor Details continued

	f Funds/Wealth I us the original source	e of the funds/wealth	vou are inve	sting with us.				
	perty sale		Gift/Inherito			Business activity		
	umulated savings		Other (describ			200000 40,		
Please pro	ovide details including	dates and amounts.	For example	, business proceeds o	of <u>amo</u>	<u>unt</u> from the sale of distribution on <u>date</u> .		
Note, we	may need proof or ad	ditional information to	o support yo	ur application.				
	eas country? For exam					member, held a prominent public position in nat role or senior executive of a state run/owned		
No	Yes (if "yes	s", please specify)						
IRD Numl	oer							
Portfolio I	nvestor 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 Ne	ew Zealand	Yes	No				
The entity	is a tax resident of oth	ner country(ies)	Yes	No If yes, mo	re deta	ails are required.		
	country, except New Zountry, use the approp			ı Tax ID Number (TIN) or eq	quivalent in the table below. If a TIN is not available		
Reason A	The country	where the entity is a to	ax resident d	oes not issue a TIN to	o its res	sidents		
Reason B	,	as not been issued a T n explanation as to why a TIN						
Reason C	The domestic	c law of the country w	here the ent	ity is a tax resident do	es not	t require the collection of a TIN		
Country o	of Tax Residency	Tax ID Number (TIN)		er Reason A, B, or C TIN is available		you have selected Reason B please provide n 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 No	
If the Financial Institution has a Global Intermediary Identification Number (GIIN) please provide it below.	
f 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	
Contact Details	
Primary Contact Person (for general enquiries)	
Daytime Phone Mobile Phone	
mail Address	
If this person is authorised to give instructions, and is not an investor please complete page 45, Authorised Person section.	

This section must be completed by all directors, shareholders, partners, senior managers/officers or persons with effective control of the company. 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 Country of Tax Residency Tax ID Number (TIN) no TIN is available an explanation

Title	First Name				Surname	
Date of Birth					Relationship to	the Entity
/	/					
Physical Addre	ess					
Email Address	3				Phone Number	
Country(ies) o	f citizenship/natio	nality, please speci	fy 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 appropr			e 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 tax r	esident does i	not issue a	TIN to its reside	ents
Reason B	I have not be	een issued a TIN b	y my country	of tax resid	dence (please includ	e an explanation as to why a TIN was not issued to you in the table below)
Reason C	The domestic	c law of the countr	y where I am	a tax resid	ent does not rec	quire the collection of a TIN
Country of Tax	x Residency	Tax ID Number (T		nter Reaso o TIN is av		If you have selected Reason B please provide an explanation

Title	First Name				Surname	
Date of Birth					Relationship to t	he Entity
/	/					·
Physical Addre	ess					
Email Address					Phone Number	
_						
Country(ies) o	f citizenship/nation	nality, please spec	ify below			
Country(ies)	of Tax Residency					
l am a tax resi	dent of New Zeal	and	Yes	No		
l am a tax resi	dent of other cou	ntry(ies)	Yes	No	If yes, more	details are required.
For each cour	the except New 7	م النب يبوير	and to provide	do a Tay ID	Number (TINI) or	equivalent in the table below. If a TIN is not available
		riate reason A, B c			Thomber (Tilh) or	equivalent in the table below. If a first is not available
Reason A	The country	where I am a tax r	esident does	not issue o	a TIN to its reside	ents
Reason B	I have not be	en issued a TIN b	by my countr	y ot tax resi	dence (please includ	e an explanation as to why a TIN was not issued to you in the table below)
Reason C	The domestic	c law of the count	ry where I ar	n a tax resid	dent does not rec	quire the collection of a TIN
				E D		If we have a least of Decree Declare and decree
Country of Tax	Residency	Tax ID Number (T		no TIN is a		If you have selected Reason B please provide an explanation

Title	First Name				Surname	
Date of Birth					Relationship to t	the Entity
/	/					
Physical Addre	ess					
Email Address					Phone Number	
Country/ios) or	f citizenship/natior	pality plages speci	fy bolow			
Courily(les) o	i cilizeristiip/nalioi	idilly, piedse speci	ly below			
Country(ies)	of Tax Residency					
	dent of New Zeald	and	Yes	No		
					16	describe and according d
i am a fax resi	dent of other cour	mry(les)	Yes	No	if yes, more	details are required.
	ntry, except New Zery, use the appropr			e a Tax ID	Number (TIN) oi	r equivalent in the table below. If a TIN is not available
Reason A	The country v	where I am a tax r	esident does	not issue a	TIN to its reside	ents
Reason B	I have not be	en issued a TIN b	y my country	of tax resid	lence (please includ	le an explanation as to why a TIN was not issued to you in the table below)
D C						
Reason C	The domestic	c law of the countr	y where I am	a fax resid	ent does not red	quire the collection of a TIN
Country of Tax	« Residency	Tax ID Number (T		nter Reaso o TIN is av	n A, B, or C if	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 Name				Surname	
Date of Birth	,				Relationship to	the Entity
/	/					
Physical Addre	ess					
Email Address	5				Phone Number	
Country(ies) o	of citizenship/nation	nality, please spec	ifv below			
(100)		.a, prodes spec	, 23.3			
Country(ies)	of Tax Residency					
I 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.
	ntry, except New Ze ry, use the appropr			de a Tax ID	Number (TIN) o	r equivalent in the table below. If a TIN is not available
Reason A	The country	where I am a tax r	esident doe:	s not issue o	a TIN to its reside	ents
Reason B	I have not be	een issued a TIN b	y my countr	y of tax resi	dence (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 count	y where I ar	m a tax resid	dent does not red	quire the collection of a TIN
Country of Tax	x Residency	Tax ID Number (T	IN)	Enter Reasono TIN is a	on A, B, or C if vailable	If you have selected Reason B please provide an explanation

Investment Details

I wish to invest in the following Fund(s):	o invest in the following Fund(s): Investment Amount* Distribution Instruction		Distribution Instruction**		
Daintree Core Income PIE	\$		Reinvest Direct Credit		
Daintree High Income PIE	\$		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. (Please deposit direct credit payments in the following BNZ account: 02-0506-0116828-00 in the name of NZGT ATF CLARITY FUNDS and reference with your Investor number)				
Bank Account					
This bank account will be used for withdrawa	als.				
Account Name		Bank			
(The bank account must be in the Investor's / Enti	y name)				
Branch	,	Account Number			
	В	ank 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 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	Do	ate	
		/	/
Signature of Director, Partner, Officer or Authorised Signatory	Do	ate	
		/	/
Signature of Director, Partner, Officer or Authorised Signatory	Do	ate	
		/	/
Signature of Director, Partner, Officer or Authorised Signatory	Do	ate	

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 passport or NZ driver's licence and confirm it represents the true likeness of named individual(s). Financial Adviser's Agency Number

Date

Signing Instruction

Financial Adviser's Signature