

# HOW TO COMPLETE THE APPLICATION FORM

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

You may submit an application form directly to Clarity.

**Individual/Joint Investors** - please complete pages 17-24.

**Trust or Estate Investors** - please complete pages 25-35.

**Company, Partnership, Other Incorporated and Unincorporated Entities** - please complete pages 36-46.

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.

# HOW TO COMPLETE THE APPLICATION FORM

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## 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 APLYiD 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 Consul**;
  - Documents must include the **full name, occupation** and an **original signature** of the certifier as well as the **date of certification**;
  - The certifier must **not be related to the customer**, a person who lives at the same address or less than 16 years of age;
  - Certification must have been carried out in the **three months preceding presentation** of the documents;
  - The certifier must **sight the original identification document** and make a statement to the effect that the copy provided is '**a true copy of the original**'; 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	<ul style="list-style-type: none"> <li>• New Zealand passport</li> <li>• Overseas passport</li> <li>• New Zealand fire arms license</li> <li>• Certificate of Identity/ Refuge travel document*</li> <li>• National Identity card</li> </ul> <p>* Issued by NZ Immigration Services or Department of Internal Affairs New Zealand</p>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Option 2	<ul style="list-style-type: none"> <li>• New Zealand Drivers Licence (Front and Back)</li> </ul>	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <li>• New Zealand full birth certificate</li> <li>• Overseas full birth certificate</li> <li>• Certificate of New Zealand citizenship</li> <li>• Overseas citizenship certificate</li> </ul>	<ul style="list-style-type: none"> <li>• New Zealand Drivers Licence</li> <li>• Overseas drivers licence (with photo)</li> <li>• 18+ card</li> <li>• Student ID, New Zealand Institution (under 18s only)</li> <li>• New Zealand Armed Forces ID</li> <li>• New Zealand Police ID</li> <li>• SuperGold card</li> </ul>
Option 4	<ul style="list-style-type: none"> <li>• Bank Statement</li> <li>• Government agency statement</li> <li>• Utility bill</li> </ul>	<ul style="list-style-type: none"> <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, trusts or individual shareholders that own more than 25% of the entity
- Trustees
- Executors
- Settlers
- Directors
- Partners
- Officers
- Authorised signatories
- Guardians for minors
- Attorneys (appointed under a power of attorney)
- Beneficiaries who have received a distribution
- Anyone with the authority to act on behalf of the entity e.g. solicitor, administrator.

# HOW TO COMPLETE THE APPLICATION FORM

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## 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 details requested for any beneficiary named in the Trust Deed).
- 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](mailto: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.

# Enhanced Cash PIE - 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)

OFFICE USE ONLY

Date     /     /

CFM

INVESTOR NUMBER

## Investor Details

Name

  

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

  

### Source of Funds/Wealth

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

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

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

  
  

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

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

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

  

## Contact Details

Primary Contact Person (for general enquiries)

Daytime Phone

Mobile Phone

Email Address

- If this person is authorised to give instructions, and is not an investor please complete page 21, Authorised Person section.

## Individual Details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Phone Number	Email Address
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address

  


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

<input type="text"/>	<input type="text"/>
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IRD Number	Occupation
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Portfolio Investor Rate (PIR):

0%   
  10.5%   
  17.5%   
  28%

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

### Country(ies) of Tax Residency

I am a tax resident of New Zealand  Yes  No

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

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

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

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

## Individual Details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Phone Number	Email Address
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address

  


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

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

IRD Number	Occupation
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Portfolio Investor Rate (PIR):

0%   
  10.5%   
  17.5%   
  28%

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

### Country(ies) of Tax Residency

I am a tax resident of New Zealand  Yes  No

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

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

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

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

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

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Phone Number	Email Address
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address

  


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

<input type="text"/>	<input type="text"/>
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**Country(ies) of Tax Residency**

I am a tax resident of New Zealand  Yes  No

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

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

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

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



## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Phone Number	Email Address
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Investor	Occupation	
<input type="text"/>	<input type="text"/>	

Physical Address

  


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

<input type="text"/>	<input type="text"/>
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### Country(ies) of Tax Residency

I am a tax resident of New Zealand  Yes  No

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

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

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

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

## Investment Details

I wish to invest in the following Fund:

Enhanced Cash PIE

Investment Amount\*

\$

TOTAL

\$

Direct Credit

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

### 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 redemptions.

Account Name

Bank

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

Branch

Account Number

BANK

BRANCH

ACCOUNT

SUFFIX

## The Privacy Act

This statement relates to the personal information that you are providing to the Manager by way of the application and any subsequent personal information which you may provide in the future.

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. The manager will provide you (on request) with the name and address of any entity to which information has been disclosed. The manager may also share your information with government agencies if requested. 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.

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 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 Enhanced Cash PIE 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

## 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
- Any one signatory can sign
- 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

Financial Adviser's Signature

Date

/ /

# Enhanced Cash PIE - Application Form

## Trust or Estate Investors

(Please tick appropriate box)

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

OFFICE USE ONLY			
Date	/	/	

CFM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INVESTOR NUMBER					

## Investor Details

Entity Name

Entity Address

Entity Type:  Family Trust  Standard Trust  Charitable Trust  Estate

Jurisdiction of Establishment

Is the entity registered?  Yes  No

If so, please provide registration number:

IRD Number

Portfolio Investor Rate (PIR):  0%  10.5%  17.5%  28%

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

Country(ies) of Tax Residency

The entity is a tax resident of New Zealand  Yes  No

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

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

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

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

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

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

## 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.

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.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Property sale       | <input type="checkbox"/> Gift/Inheritance | <input type="checkbox"/> Business activity      |
| <input type="checkbox"/> Accumulated savings | <input type="checkbox"/> Personal income  | <input type="checkbox"/> Other (describe below) |

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

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

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

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

- No       Yes (if "yes", please specify)

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

## Contact Details

Primary Contact Person (for general enquiries)

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

Daytime Phone

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

Mobile Phone

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

Email Address

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

- If this person is authorised to give instructions, and is not an investor please complete page 32, Authorised Person section.

## Individual Details

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

Title  First Name  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.

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

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

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



## Individual Details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Relationship to the Entity
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Physical Address

  


Email Address	Phone Number
<input type="text"/>	<input type="text"/>

Occupation	Employer
<input type="text"/>	<input type="text"/>

Country(ies) of citizenship/nationality, please specify below	
<input type="text"/>	<input type="text"/>

### Country(ies) of Tax Residency

I am a tax resident of New Zealand  Yes  No

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

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

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

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

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

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

## Individual Details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Relationship to the Entity
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Physical Address

  


Email Address	Phone Number
<input type="text"/>	<input type="text"/>

Occupation	Employer
<input type="text"/>	<input type="text"/>

Country(ies) of citizenship/nationality, please specify below	
<input type="text"/>	<input type="text"/>

### Country(ies) of Tax Residency

I am a tax resident of New Zealand  Yes  No

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

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

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

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Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Relationship to the Entity
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Physical Address

  


Email Address	Phone Number
<input type="text"/>	<input type="text"/>

Occupation	Employer
<input type="text"/>	<input type="text"/>

Country(ies) of citizenship/nationality, please specify below	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Date of Birth	Relationship to the Entity
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Physical Address

  


Email Address	Phone Number
<input type="text"/>	<input type="text"/>

Occupation	Employer
<input type="text"/>	<input type="text"/>

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

## Investment Details

I wish to invest in the following Fund:

Enhanced Cash PIE

Investment Amount\*  
\$

TOTAL

\$

Direct Credit

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

### 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 redemptions.

Account Name

Bank

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

Branch

Account Number

BANK

BRANCH

ACCOUNT

SUFFIX

## The Privacy Act

This statement relates to the personal information that you are providing to the Manager by way of the application and any subsequent personal information which you may provide in the future.

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. The manager will provide you (on request) with the name and address of any entity to which information has been disclosed. The manager may also share your information with government agencies if requested. 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.

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 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 Enhanced Cash PIE 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

## 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
- Any one signatory can sign
- 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

Financial Adviser's Signature

Date

# Enhanced Cash PIE - 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----	----------------------	----------------------	----------------------	----------------------	----------------------

INVESTOR NUMBER

### Investor Type

- Company                       Partnership Other                       Unincorporated Entity or Body
- Superannuation Scheme                       Other Incorporated Entity or Body

### Investor Details

Entity Name

  

Registered Address

  

Entity Type                       Company Private                       Company Public                       Company Government Body

Country of Registration

Is the entity registered?                       Yes                       No

If so, please provide registration number:

Is the entity operating as a charity?                       Yes                       No

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

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

Does the company issue shares in bearer form?                       Yes                       No

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



## Investor Details continued

### Source of Funds/Wealth

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

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

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


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

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

- No
  Yes (if "yes", please specify)

--

IRD Number

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

Portfolio Investor Rate (PIR):

- 0%
  10.5%
  17.5%
  28%  
(tick one - if none selected 28% will apply)

### Country(ies) of Tax Residency

The entity is a tax resident of New Zealand  Yes  No

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

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

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

**Reason B** The entity has not been issued a TIN by 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 tax resident does not require the collection of a TIN

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

## Investor Details continued

### Entity Classification

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

Q1. Is the entity a Financial Institution?

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

## 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 43, 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Relationship to the Entity
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Physical Address

  


Email Address	Phone Number
<input type="text"/>	<input type="text"/>

Country(ies) of citizenship/nationality, please specify below	
<input type="text"/>	<input type="text"/>

### Country(ies) of Tax Residency

I am a tax resident of New Zealand  Yes  No

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

## Individual Details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Relationship to the Entity
<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>

Physical Address

  


Email Address	Phone Number
<input type="text"/>	<input type="text"/>

Country(ies) of citizenship/nationality, please specify below	
<input type="text"/>	<input type="text"/>

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

## Individual Details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Relationship to the Entity
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

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Email Address	Phone Number
<input type="text"/>	<input type="text"/>

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

## Individual Details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Relationship to the Entity
<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>

Physical Address

  


Email Address	Phone Number
<input type="text"/>	<input type="text"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Physical Address

  


Email Address	Phone Number
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Investment Details

I wish to invest in the following Fund:

Enhanced Cash PIE

Investment Amount\*

\$

TOTAL

\$

Direct Credit

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

### 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)

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This bank account will be used for redemptions.

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

Branch

Account Number

BANK

BRANCH

ACCOUNT

SUFFIX



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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 and other products and services.

## Declaration

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

I/We understand that the Enhanced Cash PIE 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.

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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

## 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
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- At least \_\_\_ signatories must sign together
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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

Financial Adviser's Signature

Date

