# Nanuk 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 box	OFFICE USE ONLY Date / /  CFM					
Investor Details						
Name  What is the nature and purpose of the investment of the inve	ont for example income generation capital	gain or retirement savings?				
what is the nature and purpose of the investme	ent, for example, meome generation, capital	gam or retirement savings.				
Source of Funds/Wealth Please tell us the original source of the funds/v	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 amo	unts. For example, sale of family home at <u>ac</u>	<u>ldress</u> for <u>amount</u> on <u>date</u> .				
Note, we may need proof or additional informatio	n 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						

Title	First Name			Surname				
Date of Birth		Phone Number		Email Address				
/	/							
D								
Physical Add	ress							
Country(ies) of citizenship/nationality, please specify below								
IRD Number			(	Occupation				
Portfolio Inve	estor Rate (PIR):			0%	10.5%		28%	
			(	(tick one - if none s	selected 28%	6 will apply)		
Country(ies)	of Tax Residence	:y						
I am a tax res	sident of New Ze	aland		Yes	No			
I am a tax res	sident of other c	ountry(ies)		Yes	No	If yes, more detail	s are required.	
		Zealand, you will need to ple the appropriate reason A,		ID Number (TI	N) or equ	ivalent in the table	below. If a TIN is not	
Reason A	The country	y where I am a tax resident (	does not iss	ue a TIN to its	residents			
Reason B		peen issued a TIN by my cou an explanation as to why a TIN was not						
Reason C	The domes	tic law of the country where	l am a tax r	esident does n	ot require	e the collection of a	a TIN	
Country of Ta	ax Residency	Tax ID Number (TIN)	Enter Reas	on A, B, or C available	If you ha an expla	ve selected Reasor nation	n B please provide	

Title Fir	Title First Name			Surname		
Date of Birth	ate of Birth Phone Number			Email Address		
/	/					
Physical Address	S					
Country(ies) of o	citizenship/nat	tionality, please specify belo	OW			
IRD Number				Occupation		
				,		
Portfolio Investo	or Rate (PIR):			0%	10.5%	17.5% 28%
				(tick one - if none s	selected 28% will a	apply)
Country(ies) of	Tax Residency	y				
I am a tax reside	ent of New Zea	aland		Yes	No	
I am a tax reside	ent of other co	ountry(ies)		Yes	No	If yes, more details are required.
Talli a tax reside	int or other co	variti y (163)		103	110	in yes, more details are required.
		Zealand, you will need to pi the appropriate reason A, I		(ID Number (TI	N) or equivale	ent in the table below. If a TIN is not
Reason A	The country	where I am a tax resident of	does not iss	sue a TIN to its i	residents	
Descen B						
Reason B		een issued a TIN by my cou in explanation as to why a TIN was not				
Reason C	The domest	ic law of the country where	I am a tax	resident does n	ot require the	collection of a TIN
Country of Tax F	Residency	Tax ID Number (TIN)	Enter Reas	son A, B, or C available	If you have so an explanation	elected Reason B please provide on

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

Title	Title First Name			Surname		
Date of Birth	1	Phone Number		Email Address	S	
/	/					
Physical Add	lress					
Country(ies)	of citizenship/na	ationality, please specify belo	OW			
Country(ies)	of Tax Residenc	су				
I am a tax re	sident of New Ze	aland		Yes	No	
I am a tax re	sident of other co	ountry(ies)		Yes	No	If yes, more details are required.
		/ Zealand, you will need to p e the appropriate reason A,		x ID Number (1	IN) or equi	valent in the table below. If a TIN is not
Reason A	The country	y where I am a tax resident	does not iss	sue 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 domes	tic law of the country where	l am a tax	resident does	not require	the collection of a TIN
Country of T	ax Residency	Tax ID Number (TIN)	Enter Reas	son A, B, or C s available	If you hav an explan	re selected Reason B please provide ation

# **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	١	Phone Number		Email Address	5		
/	/						
Deletienski	h. l			0			
Relationship	to investor			Occupation			
Physical Add	dress						
,							
Country(ios)	of citizonship/pa	tionality, please specify be	low				
Country(les)	or citizensilip/ila	tionality, please specify be	IOW				
Country(ies	) of Tax Residency	У					
I am a tax re	sident of New Zea	aland		Yes	No		
I am a tax re	sident of other co	ountry(ies)		Yes	No	If yes, more details are required.	
		Zealand, you will need to p the appropriate reason A,		x ID Number (T	TIN) or equiv	alent in the table below. If a TIN is not	
Reason A	The country	where I am a tax resident	does not is	sue a TIN to its	residents		
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 domest	ic law of the country where	e I am a tax	resident does i	not require t	he collection of a TIN	
Country of T	ax Residency	Tax ID Number (TIN)	Enter Rea	son A, B, or C s available	If you have an explana	e selected Reason B please provide ation	

# **Investment Details**

I wish to invest in the following Fund							
	Inv	estment Amount*	Distribution Instruc	tion**			
Nanuk New World Active PIE	\$						
			Reinvest	Direct Credit			
TOTAL	\$						
	* lr	itial investment minimum is \$10,000. S	Subsequent Investment minimu	m is \$1,000.			
	**	f no option is selected, the default opt	ion is to reinvest the distributio	n.			
Payment							
· ·	Credit (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							
Bank Account  This bank account will be used for re-	demptions.						
	demptions.	Bank					
This bank account will be used for re-	demptions.	Bank					
This bank account will be used for re-							
This bank account will be used for reaccount Name							
This bank account will be used for reaccount Name  (The bank account must be in the Investor)		nme)					
This bank account will be used for reaccount Name							
This bank account will be used for reaccount Name  (The bank account must be in the Investor)		nme)					

### 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 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 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	

Signing Instruction					
The signing instruction sets out how signatories can operate this Please select one of the following options:	s account with respect to daily transactions and general instructions				
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 por	tfolio 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	2)				
I have met with the above individual(s) and have collected a it represents the true likeness of named individual(s).  Financial Adviser's Name	a copy of their current passport or NZ driver's licence and confirm  Financial Adviser's Agency Number				

Date

Financial Adviser's Signature

# Nanuk Funds Scheme Application Form





(Please tick appropriate box)						OFFICE USE ONLY		
This is an initial application						Date / /		
	sequent investor	ment number in the boxes p	rovided)			Date /	/	
(please lise)	t your investor	Tidiliber in the boxes p		CFM NUMBER				
Investor D	etails							
Entity Name								
Entity Address								
Entity Type:		Family Trust	Stan	dard Trust	Cha	ritable Trust	Estate	
Jurisdiction of Es	stablishment							
Is the entity regis	stered?		Yes	No				
If so, please prov	ide registrati	on number:						
IRD Number								
Portfolio Investo	r Rate (PIR):			0%	10.5%	17.5% 28%		
Country(ies) of 1	Tax Residenc	У		(tick one - if no	one selected 28% w	rill apply)		
The entity is a ta	x resident of	New Zealand	Yes	No				
The entity is a ta	x resident of	other country(ies)	Yes	No	If yes, more	e details are requir	ed.	
		Zealand, you will nee the appropriate reas		a Tax ID Num	ber (TIN) or eq	uivalent in the tabl	e below. If a TIN is not	
Reason A	The country	where the entity is a	a tax resident	does not issu	ue a TIN to its r	esidents		
Reason B		as not been issued a n explanation as to why a TIN						
Reason C	The domest	ic law of the country	where the ent	tity is a tax re	esident does no	ot require the colle	ction of a TIN	
Country of Tax R	esidency	Tax ID Number (TIN)		Reason A, B, ( N is available			on B please provide	

# **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:
<ul> <li>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</li> </ul>
• 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	s/wealth you are investin	g 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	funds/wealth. Note we ma	y ask for additional infor	mation to support your application.				
In the last 12 months, has any individual associated with the investor, or an immediate family member, held a prominent public position in any overseas country? For example, high level judicial or military role, ministerial role, diplomat role or senior executive of a state run/owned enterprise.  No  Yes (if "yes", please specify)							
Contact Details							
Primary Contact Person (for general enquiries)							
Daytime Phone		Mobile Phone					
Email Address							
Liliuli Audi 633							
If this person is authorised to give instructions, and is not an investor please complete page 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 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) If yes, more details are required. Yes No 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 you have selected Reason B please provide Country of Tax Residency Tax ID Number (TIN) if no TIN is available an explanation

Title	First Name				Surname		
Date of Birth					Relationship to	o the Entity	
/	/						
Physical Add	ess						
Email Addres	S				Phone Number		
Occupation					Employer		
Country(ies) of citizenship/nationality, please specify below							
γ(100)	o. 0.0.20110111p,110	ationality, product					
Country(ies)	of Tax Residend	су					
I am a tax res	ident of New Ze	ealand	Yes	No			
I am a tax res	ident of other c	country(ies)	Yes	No	If yes, more	e details are required.	
		v Zealand, you wi e the appropriate			x ID Number (TI	IN) or equivalent in the table below. If a TIN is not	
Reason A	The countr	y where I am a ta	ax resident (	does not is	sue a TIN to its	residents	
Reason B		been issued a TIN an explanation as to w					
Reason C	The domes	tic law of the cou	ıntrv where	lam a tax	resident does n	not require the collection of a TIN	
Country of Ta	x Residency	Tax ID Number	(TIN)		son A, B, or C s available	If you have selected Reason B please provide an explanation	

Title	First Name				Surname		
Date of Birth					Relationship to	o the Entity	
/	/						
Physical Add	ress						
Email Address					Phone Number		
Occupation					Employer		
occupation					Limployer		
Country(ies)	of citizenship/na	ationality, please	specify belo	DW			
Country(ies)	of Tax Residence	су					
I am a tax res	sident of New Ze	ealand	Yes	No			
I am a tax res	sident of other c	country(ies)	Yes	No	If yes, more	e details are required.	
		v Zealand, you wi e the appropriate			x ID Number (T	IN) or equivalent in the table below. If a TIN is not	
Reason A	The countr	y where I am a ta	ax resident o	does not is	sue a TIN to its	residents	
Reason B		been issued a TIN an explanation as to w					
Reason C	The domes	tic law of the cou	ıntry where	I am a tax	resident does n	not require the collection of a TIN	
				son A, B, or C s available	If you have selected Reason B please provide an explanation		

Title	First Name				Surname	
Date of Birth					Relationship to	o the Entity
/	/					
Physical Add	ress					
Email Addres	SS				Phone Number	r
Occupation					Employer	
Country(ies)	of citizenship/na	ationality, please	specify belo	OW		
	,	,.,	, ,			
2 , " ,						
Country(ies)	of Tax Residence	су				
I am a tax re	sident of New Ze	ealand	Yes	No		
I am a tax re	sident of other c	country(ies)	Yes	No	If yes, more	details are required.
		v Zealand, you wil e the appropriate			ax ID Number (T	IN) or equivalent in the table below. If a TIN is not
Reason A	The countr	y where I am a ta	x resident (	does not is	ssue a TIN to its	residents
Reason B		been issued a TIN an explanation as to wh		,		
Reason C	The domes	tic law of the cou	ntry where	I am a tax	resident does n	not require the collection of a TIN
			ason A, B, or C is available	If you have selected Reason B please provide an explanation		

# **Authorised Person**

Complete this section if you want to authorise a person (who is not one of the individuals named above) to give instructions and obtain account information on your behalf.

Title	First Name				Surname			
Date of Birth / /				Relationship to	o the Entity			
Physical Add	ress							
Email Addres	SS				Phone Numbe	r		
Occupation					Employer			
Country(ies)	of citizenship/na	itionality, please	specify bel	OW				
Country(ies)	of Tax Residenc	су						
I am a tax re	sident of New Ze	aland	Yes	No				
I am a tax re	sident of other co	ountry(ies)	Yes	No	If yes, more details are required.			
	ntry, except New that country, use				ax ID Number (T	IN) or equivalent in the table below. If a TIN is not		
Reason A	The country	y where I am a ta	ax resident	does not i	ssue a TIN to its	residents		
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	Reason C The domestic law of the country where I am a tax resident does not require the collection of a TIN							
				ason A, B, or C is available	If you have selected Reason B please provide an explanation			

# **Investment Details**

I wish to invest in the following Fund:								
		Investment Amount*		Distribution Instruc	:TION**			
Nanuk New World Active PIE	\$							
TOTAL	\$			Reinvest	Direct Credit			
TOTAL	Ş							
		* Initial investment minimum	is \$10,000. Subsequ	uent Investment minimu	ım is \$1,000.			
		** If no option is selected, the	e default option is to	reinvest the distribution	on.			
Payment								
	credit (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	Bank Account							
This bank account will be used	for redemption	ons.						
Account Name			Bank					
(The bank account must be in the	Investor's / Enti	ty name)						
Branch		Accou	nt Number					
		BANK	BRANCH	ACCOUNT	SUFFIX			

### The Privacy Act

The personal information you have supplied may be used by the Manager and the Supervisor (and related entities detailed in Section 7) for the purposes of enabling the Manager to arrange and manage your investment, and to contact you in relation to your investment. Your personal information may also be disclosed to, and held and used by third parties that provide services to Clarity.

The manager may also share your information with government agencies if requested. Clarity in turn will take reasonable steps to ensure the third party does not breach the Privacy Principles. You have the right to access all personal information held about you by the Manager and if any of the information is incorrect, you have the right to have it corrected. The Manager will provide you (on request) with the name and address of any entity to which your information has been disclosed.

We collect most personal information directly from you. Sometimes we may (and you authorise us to) collect information about you from publicly available sources of information. You acknowledge that you are authorised to provide personal information on behalf of the applicant and evidence of this authority is provided (in the case of a parent/guardian/other providing information about the applicant).

You agree that your/each of your names and addresses may be used by Clarity 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 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	Da	te	
		/	/
Signature of Trustee or Executor or Authorised Signatory	Da	te	
		/	/
Signature of Trustee or Executor or Authorised Signatory	Da	te	
		/	/
Signature of Trustee or Executor or Authorised Signatory	Da	te	

Signing Instruction							
The signing instruction sets out how signatories can operate thi Please select one of the following options:	s account with respect to daily transactions and general instruction						
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 por	tfolio 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

/ /

Financial Adviser's Signature

# Nanuk Funds Scheme Application Form



Company, Partnership, Other Incorporated and Unicorporated Entities

	OFFICE USE ONLY Date / /  CFM
Investor Details	
Entity Name	
Registered Address	
Entity Type Company Private Company Put  Country of Registration	blic 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 No
Does the company have any nominee directors or shareholders?	Yes
Does the company issue shares in bearer form?	Yes
What is the nature and purpose of the investment, for example, income 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.										
Prop	perty sale		Gift/Inh	eritance		Business activity				
Accı	umulated savings		Other (de	escribe below)						
Please provide details including dates and amounts. For example, business proceeds of <u>amount</u> from the sale of distribution on <u>date</u> .										
Note, we	may need proof or a	additional informatio	n to sup	port your a	pplication.					
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 "y	res", please specify)								
IRD Numb	per									
Portfolio	Investor Rate (PIR):		0% 10.5% 17.5% 28% (tick one - if none selected 28% will apply)							
Country(i	ies) of Tax Residenc	су								
The entity	y is a tax resident of	New Zealand	Ye	es N	0					
The entity	y is a tax resident of	other country(ies)	Ye	es N	o If yes, more	details are required.				
		Zealand, you will ne the appropriate rea			ID Number (TI	N) or equivalent in the table below. If a TIN is not				
Reason A	The country	y where the entity is	a tax re	sident does	not issue a TIN	N 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 domest	tic law of the country	/ where	the entity i	s a tax resident	does not require the collection of a TIN				
Country of Tax Residency Tax ID Number (TIN					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							
<ul> <li>The entity is a non-profit entity and exempt from income tax in its country/jurisdiction of residence.</li> </ul>							
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 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	1				Relationship to	the Entity		
/	/							
Physical Add	lress							
T Try Steat 7 tae								
Email Addre	SS				Phone Number	r		
Country(ies)	of citizenship/na	tionality, please	specify belo	OW				
Country(ies)	of Tax Residence	У						
I am a tax re	sident of New Zea	aland	Yes	No				
I am a tax re	sident of other co	ountry(ies)	Yes	No	If yes, more	details are required.		
	ıntry, except New that country, use				x ID Number (TI	IN) or equivalent in the table below. If a TIN is not		
Reason A	The country	where I am a ta	ıx resident (	does not is	sue 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	Reason C The domestic law of the country where I am a tax resident does not require the collection of a TIN							
			Enter Rea	son A, B, or C s available	If you have selected Reason B please provide an explanation			

Title	itle First Name			Surname				
Date of Birth					Relationship to	the Entity		
/	/							
Physical Add	ress							
Email Addres	S				Phone Number			
Country(ies)	of citizenship/na	tionality, please	e specify belo	)W				
Country(ies)	of Tax Residenc	у						
I am a tax res	sident of New Zea	aland	Yes	No				
I am a tax res	sident of other co	ountry(ies)	Yes	No	If yes, more	details are required.		
	ntry, except New that country, use				x ID Number (TI	N) or equivalent in the table below. If a TIN is not		
Reason A	The country	/ where I am a t	tax resident c	does not is	sue 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	Reason C The domestic law of the country where I am a tax resident does not require the collection of a TIN							
				son A, B, or C s available	If you have selected Reason B please provide an explanation			

Title	First Name				Surname			
Date of Birth					Relationship to	the Entity		
/	/							
Physical Add	ress							
Email Addres	SS				Phone Number			
Country(ies)	of citizenship/na	tionalitv. plea	se specify bel	OW				
, , , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , , ,					
Country(ies)	of Tax Residenc	у						
I am a tax res	sident of New Zea	aland	Yes	No				
I am a tax res	sident of other co	ountry(ies)	Yes	No	If yes, more	details are required.		
	ntry, except New that country, use				x ID Number (Ti	N) or equivalent in the table below. If a TIN is not		
Reason A	The country	/ where I am a	a tax resident	does not is	sue a TIN to its	residents		
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 domest	ic law of the o	country where	l am a tax	resident does n	ot require the collection of a TIN		
		Enter Reasono TIN is a	on A, B, or C if	If you have selected Reason B please provide an explanation				

Title	First Name				Surname			
Date of Birth				Relationship to the Entity				
/	/							
Physical Add	ress							
Email Address				Phone Number				
Country(ies)	of citizenship/na	tionality nleas	se snecify held	nw.				
ocarrir y (163)	01 0111201131119/110	tionality, pied.	se speemy serv	J 11				
Country(ies)	of Tax Residenc	у						
I am a tax res	sident of New Zea	aland	Yes	No				
I am a tax res	sident of other co	ountry(ies)	Yes	No	If yes, more details are required.			
	ntry, except New that country, use				x ID Number (T	IN) or equivalent in the table below. If a TIN is not		
Reason A The country where I am a tax resident does not issue a TIN to its residents								
Reason B	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 Ta	ax Residency	Tax ID Numbe	er (TIN)		son A, B, or C s available	If you have selected Reason B please provide an explanation		

# **Authorised Person**

Complete this section if you want to authorise a person (who is not one of the individuals named above) to give instructions and obtain account information on your behalf.

Title	First Name				Surname		
Date of Birth					Relationship to	the Entity	
/	/						
Physical Add	ress						
Email Addres	SS				Phone Num	ıber	
Country(ies)	of citizenship/na	tionality, please	specify belo	)W			
Country(ies)	of Tax Residenc	у					
I am a tax res	sident of New Zea	aland	Yes	No			
I am a tax res	sident of other co	ountry(ies)	Yes	No	If yes, more details are required.		
	ntry, except New that country, use				x ID Number (TI	IN) or equivalent in the table below. If a TIN is not	
Reason A The country where I am a tax resident does not issue a TIN to its residents							
Reason B  I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below)							
Reason C The domestic law of the country where I am a tax resident does not require the collection of a TIN							
Country of Tax Residency Tax ID Number (TIN)		(TIN)	Enter Rea	son A, B, or C s available	If you have selected Reason B please provide an explanation		

# **Investment Details**

I wish to invest in the following Fund:  Investment Amount*  Distribution Instruction**						
Nanuk New World Active PIE		investment Amount	Distribution	i ilisti uction ·		
Natiuk New World Active FIL			Reinve	st Direct Credit		
TOTAL	\$					
		* Initial investment minimum is \$10,0	00. Subsequent Investmen	at minimum is \$1,000.		
		** If no option is selected, the defaul	t option is to reinvest the d	listribution.		
Payment						
	,	ct credit payments in the following Bl d reference with your Investor numbe		328-00 in the name of NZGT ATF		
Bank Account						
This bank account will be used for redemptions.						
This bank account will be used	for redemptio	ns.				
	for redemptio					
This bank account will be used	for redemptio	ns. Bar	k			
	for redemptio		k			
		Bar	k			
Account Name  (The bank account must be in the		Bar cy name)				
Account Name		Bar				

### 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 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 Establishment Deeds (as amended from time to time).

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

I/We understand that the Fund is a vehicle for investment; the value of my/our investment is liable to fluctuations and may rise and fall from time to time.

I/We understand the manner in which the fees will be deducted from my/our investment.

I/we acknowledge that Clarity may be required to disclose information about me/us and my/our investments to third parties, if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities.

I/We agree to indemnify Clarity against any loss it may suffer as a result of me/us providing incorrect or incomplete information.

I/We agree that Clarity will not be liable to me/us or any other third party for any refusal to process, or delay in, processing any transaction on my/our behalf or a suspension of my/our account by Clarity in accordance with the anti-money laundering and countering financing of terrorism laws.

I/We agree to advise Clarity immediately if my/our tax residency changes, or my/our Prescribed Investor Rate changes.

I/We agree to advise Clarity immediately if any individual associated with myself/us or any immediate family member holds a prominent public position, not previously held, in any overseas country.

For the purpose of verifying my identity, I consent to the personal information that I have provided being used with (and, where necessary, disclosed to) the following sources: (1) the NZTA for the purpose of checking the MOTO database; (2) the Department of Internal Affairs for the purpose of checking the Passport database; 3) Land Information New Zealand; (4) the Companies Office; (5) Centrix Group Limited and APLY Limited (and I authorise Centrix and APLY to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided); and (6) the White Pages.

		/	/
Signature of Director, Partner, Officer or Authorised Signatory	Date	9	
		/	/
Signature of Director, Partner, Officer or Authorised Signatory	Date	9	
		/	/
Signature of Director, Partner, Officer or Authorised Signatory	Date	<del>j</del>	
		/	/
Signature of Director, Partner, Officer or Authorised Signatory	Date	<del>5</del>	

# 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 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 it represents the true likeness of named individual(s).	copy of their current passport or NZ driver's licence and confirm
Financial Adviser's Name	Financial Adviser's Agency Number
Financial Adviser's Signature	Date
	1 /