



mySTART® Application Form

Companies, Trusts, Partnerships & Estates

If you are a new Craigs Investment Partners client, you will also need to complete a Craigs Investment Partners Client Agreement. If you are applying as an individual please contact your Investment Adviser or the START® Team.

WHERE TO SEND YOUR COMPLETED APPLICATION FORM

Please either deliver your completed application form to the nearest Craigs Investment Partners branch, or post it to:

START®
Craigs Investment Partners Limited,
Freepost 366, PO Box 13155,
Tauranga 3141.
Phone: 0800 878 278

A

Account Details

IS THIS ACCOUNT FOR

Please tick the box to identify the best description

- Company Trust Partnership Estate

Name

Mailing Address

Post code | | | | |

CONTACT DETAILS & COMMUNICATIONS

Please fill out all details and tick the box identifying the best way for us to contact you

- Home Ph Mobile
 Work Ph Facsimile
 Email
 Post as per mailing address

How would you like to receive your reports?

- Electronically via Craigs Investment Partners website Post as per mailing address

B

mySTART® Account Taxation Information

Please contact your tax adviser if you have any queries regarding this section.

Your Financial Year

- 1 April to 31 March Other specify _____

Prescribed Investor Rate (PIR)

select one option only

- 0% 10.5% 17.5% 28%

Resident Withholding Tax (RWT)

select one option only.

Please deduct resident withholding tax (RWT) at the rate of

- 10.5% 17.5% 28% 30% 33%

Exempt please provide a copy of your RWT exemption certificate

Other specify _____

Non-Resident Withholding Tax (NRWT) to be deducted; and/or

Approved Issuer Levy to be applied
this option applies to certain approved interest bearing investments only



New Zealand Tax Details

IRD Number | | | | |

Prescribed Investor Rate (PIR)

A PIR is the rate at which income from a PIE is taxed. It is based on your taxable income.

Resident Withholding Tax (RWT)

If you do not provide an IRD Number, RWT will be deducted at 33%.

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

craigsip.com





Portfolio Selection

Please complete the portfolio and investment details for your mySTART® funds:

- > The QuayStreet Funds AND/OR Self-selected Portfolio
- > The investment amount; regular, lump sum or both
- > Your preferred investment date
- > The commencement date of investments.

Please tick the portfolio you would like your mySTART® funds to be invested in:

Note: You can invest in both QuayStreet Funds and a Self-selected Portfolio.

In this case please tick both options.

QuayStreet Funds

If you are investing into a QuayStreet Funds please confirm that you have read the QuayStreet Funds Product Disclosure Statement by ticking the below box.

I have read and understood the QuayStreet Funds Product Disclosure Statement

Self-selected Portfolio

Please contact a Craigs Investment Partners Adviser to discuss a Self-selected Portfolio. If you do not currently have an Investment Adviser, contact Craigs Investment Partners on 0800 272 442 to make an appointment at your local branch. If you have already discussed a Self-selected Portfolio with a Craigs Investment Partners Adviser, please list below the individual securities you would like to invest in.

Commencement Date | D | D | D | M | M | M | Y | Y | Y | Y | Y | Y |

QuayStreet Funds	Regular Investment	Lump Sum Investment	Investment Date <i>please select one</i>				
			5th	10th	15th	20th	25th
QuayStreet Fixed Interest Fund	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QuayStreet Income Fund	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QuayStreet Conservative Fund	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QuayStreet Balanced Fund	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QuayStreet Balanced SRI Fund	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QuayStreet Growth Fund	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QuayStreet New Zealand Equity Fund	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QuayStreet Australian Equity Fund	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QuayStreet International Equity Fund	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QuayStreet Altum Fund	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-selected Portfolio <i>Please list securities below</i>	Regular Investment	Lump Sum Investment	Investment Date <i>please select one</i>				
			5th	10th	15th	20th	25th
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total regular and/or lump sum investments	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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QuayStreet Funds
Please refer to the QuayStreet Funds Product Disclosure Statement on quaystreet.com/documents

Self-selected Portfolio
List the Individual securities if relevant under 'Self-selected Portfolio'.

D

Investments to be Sourced From

Regular investment funds are to be sourced from

select one only

- Nominated bank account - please complete the Direct Debit form
- Craigs Investment Partners Ledger Account
- Craigs Investment Partners (CIP) Cash Management Account - please complete the Cash Management Account Authority to Deduct section below

Lump sum investment funds are to be sourced from

select one only

- Cheque attached - payable to 'Craigs Investment Partners Client Funds Account' and crossed 'non-transferable'
- Craigs Investment Partners Ledger Account
- Craigs Investment Partners Cash Management Account - please complete the Cash Management Account Authority to Deduct section below

Complete Section D2 if applicable

D2

Craigs Investment Partners (CIP) Cash Management Account Authority to Deduct

Please complete if investment funds are to be sourced from a Craigs Investment Partners (CIP)Cash Management Account other than your own.

The owner of this account must complete this authority to deduct section.

To Craigs Investment Partners (CIP) Cash Management Nominees Limited,

I/we authorise Craigs Investment Partners, until further notice, to debit the funds from my/our account as detailed below:

Craigs Investment Partners Cash Management Account Name

Craigs Investment Partners Cash Management Account Number

| | | | | | | |

Investments on Behalf of:

mySTART® Account Name

mySTART® Account Number

| | | | | | | |

mySTART® Account Number

If unknown, Craigs Investment Partners will complete.

Authorised Signature(s)

Please ensure that for cash management accounts with more than one signatory, all authorised signatures are obtained.

Authorised Signature(s)

Full Name *first, middle and last name*

Capacity

Signature

_____ Date | D | D | M | M | Y | Y | Y | Y |

Full Name *first, middle and last name*

Capacity

Signature

_____ Date | D | D | M | M | Y | Y | Y | Y |

E

Source of Funds and Nature and Purpose of Business Relationship

In complying with our obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act, we are required to obtain:

> Information relating to the source of funds for an account. Please provide as much detail as possible including dates and amounts e.g. investments, inheritance, trust distribution.

> Information on the nature and purpose of the relationship between ourselves and clients to allow us to understand our clients' activities over time and to anticipate our clients' transactions and activities. Please select from the list below those that best describe the nature and purpose of your investment:

select all that are applicable

- To receive investment advice
- To help grow savings
- To help generate income
- To obtain access to new issues
- To obtain access to international securities
- To obtain access to a diversified managed fund
- To obtain access to New Zealand, Australian or international securities
- To obtain access to fixed interest or an income generating fund
- Other *please provide as much detail as possible*

F

Client Undertakings and Signatures

Directors, Partners, Trustees or Executors

I/we request that Craigs Investment Partners open a mySTART® Account in the name of the entity named in section A1.

I/we confirm that:

1. I/we agree that fees will be debited to my/our mySTART® account;
2. I/we appoint Custodial Services Limited as nominee to hold my/our mySTART® Securities on my/our behalf as bare trustee and Custodial Services Limited agrees to hold my/our mySTART® Securities on terms and conditions set out in the Terms and Conditions;
3. My/our funds are to be invested as indicated in Section C of the Application Form; and
4. The information supplied on this form is correct;
5. I/we have received a copy of the QuayStreet Funds Product Disclosure Statement and have received satisfactory answers to my/our questions (if any);
6. I/we understand that a copy of the prospectus is available to me/us on request;
7. I/we make application to invest and agree to be bound by the terms and conditions contained in the QuayStreet Product Disclosure Statement and associated documents;
8. Understand that further information is available to me/us on the offer register: business.govt.nz/disclose;
9. I/we acknowledge that should my/our interest in a Fund become less than the PIE tax liability payable on income allocated to me/us at my/our advised Prescribed Investor Rate,
10. I/we will indemnify the Fund for that amount (including any penalties or interest);
11. Where I/we have provided information about any other individual, I/we will make that individual aware that their information will be held by QuayStreet Asset Management Limited ("QuayStreet") and its related entities and the Supervisor and may be disclosed to the Investment Adviser noted on this Application and to any administrator, auditor, tax adviser, custodian, or service provider as required for the proper maintenance of the investment. Their information may also be disclosed to the Financial Markets Authority. I/we understand that none of the Supervisor, QuayStreet, or any other representative, related entities or any other person guarantees the performance or obligations of the Funds;
12. Understand that I/we may request to see and, if necessary, request the correction of the personal information;
13. I/we agree that by providing my/our email address on this Application Form, Craigs Investment Partners and/or QuayStreet Asset Management Limited may provide information by email to me/us regarding this investment.
14. I/we also agree to receiving information regarding other products and services of the Craigs Investment Partners group of companies;

I/we acknowledge that:

15. QuayStreet Asset Management Limited may review the QuayStreet Funds (as detailed in the current QuayStreet Funds Product Disclosure Statement) from time to time;
16. If I/we do not instruct Craigs Investment Partners and/or its Investment Advisers to determine suitability that the advice provided will then be class advice and I/we are aware of the limitations of class advice.
17. The entity named in Section A of this Application Form is a US citizen or considered to be a US resident for US tax purposes.

Yes No

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

Capacity

Please enter the 'Capacity' in which you are signing this Application Form i.e. Self; Attorney for the Client; Parent or Guardian for a Minor.

Signing as Attorney

If you are signing this Application Form as an attorney for an applicant Please fill in Section I, Certificate of Non-Revocation of Power of Attorney. This must be signed in conjunction with this Application Form.

For a Trust

All authorised trustees must sign.

For a Company

If there is one Director, that director must sign and have their signature witnessed. If there are two or more Directors, those Directors authorised on the Account must sign.

Full Name *first, middle and last name*

Capacity

Signature

_____ Date | D | D | M | M | Y | Y | Y | Y |

Full Name *first, middle and last name*

Capacity

Signature

_____ Date | D | D | M | M | Y | Y | Y | Y |

Full Name *first, middle and last name*

Capacity

Signature

_____ Date | D | D | M | M | Y | Y | Y | Y |

Applicant Witness *required for Companies that have only one Director*

Full Name *first, middle and last name*

Capacity

Signature

_____ Date | D | D | M | M | Y | Y | Y | Y |

You are required to return the Application Form within one month from the date of signing, otherwise we may, at our sole discretion, require you to complete a new Application Form or provide additional documentation to verify information in the Application Form.

You will become a client once Craigs Investment Partners Limited, Custodial Services Limited (if applicable) and CIP Cash Management Nominees Limited (if applicable) accept your application.

Craigs Investment Partners will retain the original copy of this Application Form. Please contact us if you require a copy for your records. If this Application Form is completed and sent to Craigs Investment Partners electronically, please ensure that the original Application Form is sent to us by post, together with your certified identity verification documentation and Direct Debit Form (if applicable).



Identity Verification Requirements

You must return Proof of Identity Document(s) for each applicant.

Identity Verification

Client identity verification documents held by Craigs Investment Partners must always be current, hence you may be asked to update your identity verification documents from time to time. Craigs Investment Partners may request to sight the original of any identity verification document that has been copied and used by you for identity verification purposes.

Photo ID

Photo ID provided must be of a quality to enable the person's identity to be verified.

The certifier:

- › must be at least 16 years old
- › cannot be your spouse or partner
- › cannot be related to you
- › cannot live at the same address as you
- › cannot be involved in the transaction or business requiring the certification

Identity of a Minor

Must be verified by providing photo ID (including proof of age), or if not available, by providing a certified copy of the minor's birth certificate.

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

To comply with our obligations under the Anti-Money Laundering and Countering the Financing of Terrorism Act (AML/CFT Act) we are required to collect information on the identity and address of our clients, any person authorised to act on behalf of our client and any Beneficial Owner of our client, and to verify this information using relevant identification documents.

The collection and verification of information may vary depending on, amongst other things, client type, country of birth and country of residence. In some instances enhanced due diligence may be required in order to complete the account opening process and ensure our continued compliance with the AML/CFT Act. Identification documents provided must be current at the time of presentation i.e. not expired where an expiry date is applicable to the form of identification.

Certification

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.

Certified documents must include the full name, occupation and an original signature of the certifier and the date of certification. Certification must have been carried out in the three months preceeding presentation of the certified documents. The certifier must sight the original documents and make a statement that the documents provided are a true copy and represent the identity of the named individual.

Alternatively, documents can be verified by your Craigs Investment Partners Adviser.

PROOF OF IDENTITY

For each Individual, Director, Trustee, Executor, Partner, Officer, Authorised Person, Attorney appointed under a Power of Attorney or Beneficial Owner please provide the following documents:

Option 1

A certified photocopy of ONE of the following:

- New Zealand or overseas passport containing your name, date of birth, photograph and signature
- New Zealand firearms licence
Firearms Licence: If you provide us with a certified copy of a Firearms Licence, please also provide a certified copy of a NZ Driver Licence or card issued by a registered bank showing your name and signature in order for us to verify your signature on your Client Agreement.
- A national identity card issued by a foreign government, the United Nations or an agency of the United Nations containing your name, date of birth, photograph and signature.

Option 2

(A New Zealand Driver Licence and a second document from the list below)

A certified photocopy of:

- New Zealand driver licence

AND a certified photocopy of one of the following:

- New Zealand full birth certificate
- Certificate of New Zealand or overseas citizenship
- A credit card, debit card or eftpos card issued by a New Zealand registered bank that contains your name and signature
- A bank statement issued by a New Zealand registered bank in the 12 months immediately preceeding the date of the application
- A statement issued to you by a government agency in the 12 months immediately preceeding the date of the application e.g. Inland Revenue
- SuperGold card.

For a Minor

if photo ID is not available

- Birth Certificate.

PROOF OF BANK ACCOUNT



Please provide a certified photocopy of ONE of the following:

- A bank encoded deposit slip with pre-printed details of your bank account name and number
- A copy of a cheque for your bank account
- A copy of a bank account statement
- A verification letter or other document of confirmation provided by your bank
- A printed version of your bank account details from your online banking.

Please provide a certified copy of one of the following:

FOR A TRUST

Documents to verify the trust's structure and arrangements



- Relevant extracts from the trust deed and subsequent deeds of appointment and amendment
- Verification of information on an appropriate register in the country of establishment.

FOR A COMPANY

Documents to verify the company structure, ownership structure and business of the company:



- Certificate of incorporation
- Details of directors
- Financial statements
- Details of shareholders
- Minutes of meetings and resolutions.

FOR A PARTNERSHIP

Documents to verify the partnership arrangement, ownership structure and purpose of the partnership:



- A Partnership Agreement or other formal agreement
- Certificate of registration
- Copies of trade registers
- Bank statements.

FOR A CLUB OR SOCIETY

Documents to verify the purpose of the club or society and the ownership structure:



- Objects of the club or society
- Constitution, charter or rules
- Type of individuals that benefit from the organisation
- Bank statements
- Minutes of meetings and resolutions.



mySTART® Direct Debit Form

This form is to be completed if you have selected a nominated bank account in Section D.

Please read conditions overleaf.

This completed Direct Debit Form (if applicable) should be returned to your nearest Craigs Investment Partners branch, or post it to:

START®

Craigs Investment Partners Limited,
Freeport 366, PO Box 13155,
Tauranga 3141.

Phone: 0800 878 278

Where the Bank Account being debited is in a name other than the name of the Craigs Investment Partners Account please provide details from the Bank of those persons authorised to give instructions on the Bank Account. Details should include Account Name, Account Number and name and signatures of Authorised persons.

Investment Date for Direct Debit

Please indicate the day of the month you would like this Direct Debit to be deducted from your account. If this day falls on a non-business day, the Direct Debit will take effect on the next business day.

Investment Date 5th 10th 15th 20th 25th

mySTART® Account Name _____

mySTART® Account Number _____

| | | | | | | | | |

Authority to Accept Direct Debits

not to operate as an assignment or agreement

I/we authorise you until further notice in writing to debit my/our account with all amounts which Craigs Investment Partners (herein after referred to as the Initiator), the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/we acknowledge and accept that the Bank accepts this Authority only upon the conditions listed on the rear of this form.

Name of Account *to be debited* _____

Account Details

BANK	BRANCH	SUFFIX

Authorisation Code | 0 | 6 | 0 | 5 | 9 | 0 | 7 | Date | D | D | M | M | Y | Y | Y | Y |

Investment Date

Your investment date should match your investment date in Section C of the mySTART® Application Form.

mySTART® Client Account Number

If unknown, Craigs Investment Partners will complete.

To The Bank Manager,

Bank Name _____

Bank Branch _____

Before signing this direct debit form, please ensure you have read the conditions overleaf.

Authorised Signature(s)

Full Name *first, middle and last name* _____

Signature _____

Date | D | D | M | M | Y | Y | Y | Y |

Full Name *first, middle and last name* _____

Signature _____

Date | D | D | M | M | Y | Y | Y | Y |

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

For bank use only

Date Received | D | D | M | M | Y | Y | Y | Y |

Recorded By _____

Checked By _____

Approved

0590
0696

Bank Stamp

Conditions of this Authority to Accept Direct Debits

1. The Initiator:

- (a) Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated. This notice will be provided in writing (including electronic means and SMS where the Customer has provided prior written consent, including by electronic means including SMS, to communicate electronically).

The advance notice will include the following message:

"Unless advice to the contrary is received from you by (date*), the amount of \$..... will be directly debited to your bank account on (initiating date)."

- (b) May, upon the relationship, which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- (c) May, upon receiving an "authority transfer form" (dated after the day of this authority signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority for the account identified in the authority transfer form.

** This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.*

2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of the termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

3. The Customer acknowledges that:

- (a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy, or other revocation of this Authority until actual notice of such event is received by the Bank.
- (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other dispute lies between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:
 - (i) the accuracy of information about Direct Debits on Bank statements
 - (ii) any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this Authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time to time.
- (d) Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debit.