



CRAIGS®
INVESTMENT PARTNERS

Account Name

Account Number

Client Agreement

Trust or Deceased
Estate



Client Agreement

Please return the completed and signed Client Agreement and required documentation (including proof of bank account and identity verification documents) to your Craigs Investment Partners adviser, as detailed below.

If there is insufficient room in the Client Agreement to record the required information, please supply this information on a separate sheet of paper and attach to this Client Agreement.



Adviser
Branch
Branch Address
Date D D M M Y Y Y Y

OFFICE USE ONLY

Client Account No.

Adviser

Services

For a description of each of these services, ask your investment adviser.

Class services are services provided where your investment adviser has not taken into account your personal circumstances, financial situation, needs and goals, and tolerance for risk when making recommendations or providing advice.

Personalised services are services provided where your investment adviser has taken into account your personal circumstances, financial situation, needs and goals, and tolerance for risk when making recommendations or providing advice.

Completing this Client Agreement

You will find additional information and instructions in the left panel of each page, to help guide you through the form.

If you have any questions or need assistance, please contact your investment adviser.

A Account Details

THIS ACCOUNT IS FOR

Please tick the best description

☐ A Trust

☐ A Deceased Estate

Please tick which service(s) you require

Class services

☐ Investment Administration Service (IAS)

☐ Broking Service

☐ mySTART® (\$30 set up fee applies)

(mySTART and DIMS require additional forms to be completed)

Personalised services

☐ Managed Portfolio Service (MPS)

☐ Discretionary Management Service (DIMS)

A Craigs Investment Partners Cash Management Account is included as part of the IAS, MPS and DIMS. If you wish to include a Cash Management Account for any other service please complete Section D1.

B Trust/Deceased Estate Details

B1 Name of Trust/Deceased Estate

Please insert the full name of the Trust/Deceased Estate

Type of Trust

☐ Family

☐ Charitable

☐ Deceased Estate

☐ Other

Trust Description

☐ Discretionary

☐ Charitable

☐ Trust with more than 10 beneficiaries

☐ Other

Country where trust was established

☐ NZ

☐ Other

Date trust was created

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

Duration of Trust

Is the trust registered under the Charitable Trusts Act 1957 and the Charities Act 2005?

☐ No

☐ Yes, please provide registration number

Mailing Address

Postcode

Please complete and tick your preferred method of contact

<input type="radio"/> Home Ph	<input type="radio"/> Mobile
<input type="radio"/> Work Ph	<input type="radio"/> Email
<input type="radio"/> Post <i>as per mailing address</i>	

IDENTITY VERIFICATION

To verify the identity of the Trust/Deceased Estate.

For a Trust – a certified copy of the Trust Deed together with any additional resolutions evidencing any amendments:

- ☐ Trust Deed



For a Deceased Estate – a certified copy of Probate for the deceased person or where Probate is not required to be obtained for the Deceased Estate, a Death Certificate and proof of authority for the Executors to administer the Estate:

- ☐ Copy of Probate for the deceased person; or
☐ Copy of Death Certificate and Will; or
☐ Copy of Death Certificate and Letter of Administration.



Certified Copy

Please refer to Section I, heading "Certification" for more information.

Please ask your investment adviser for an Appointment of Authorised Person form or Individual Details form, if required.

C People with Roles on the Trust/Deceased Estate

We are required to collect current identification and personal details for ALL persons with a role on the Trust/Deceased Estate. Please provide the full details of ALL persons with a role on the Trust/Deceased Estate and indicate the role they have on the Trust/Deceased Estate (e.g. Trustee, Settlor, Executor, etc).

C1 First Trustee, Executor, Protector, Settlor or Appointer

This will be the main point of contact for this account.

Role *please select applicable roles*

- ☐ Trustee ☐ Executor ☐ Advisory Trustee ☐ Protector ☐ Settlor ☐ Appointer

NAME, ADDRESS & CONTACT DETAILS

Title *please select one*

- ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Full Name *first, middle and last name*

Preferred Salutation

Please complete and tick your preferred method of contact

<input type="radio"/> Home Ph	<input type="radio"/> Mobile
<input type="radio"/> Work Ph	<input type="radio"/> Email
<input type="radio"/> Post <i>as per mailing address</i>	

Residential Address *where you live, not a PO Box number*

Postcode | | | | |

Mailing Address *if not the same as residential address*

Postcode | | | | |

Salutation

This is how you would like your communication addressed.

News & Views publication

A quarterly publication with topical articles and company events

☐ Yes by email

☐ Yes by post

Research Wrap email

A monthly email that includes a market summary, company research and strategy reports

☐ Yes email only

Market Insights eNewsletter

A fortnightly email that covers current market info

☐ Yes email only

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender

☐ Male

☐ Female

Date of Birth

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

Town or City of Birth

Country of Birth

☐ NZ

☐ Other *specify*

Country of Citizenship

☐ NZ

☐ Other *specify*

New Zealand Residency Status *tick one only*

☐ Permanent Resident/Citizen

☐ Resident Visa

☐ Work Permit

☐ Long Term Business Visa

☐ Other *specify*

Occupation & Employer

Occupation

☐ Retired

Employer

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial, military or ministerial position in New Zealand or overseas?

☐ No

☐ Yes *specify*

TAX DETAILS

Country of Tax Residence

☐ NZ

☐ Other *please specify*

IRD Number

| | | | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No

☐ Yes

☐ No

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

If a TIN is unavailable please provide the appropriate reason a, b or c where indicated below:

- the country/jurisdiction does not issue TINs to its residents
- you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)
- no TIN is required (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of Tax Residence TIN

If no TIN available
please select reason
a, b or c from above
if applicable

1.		
2.		
3.		

Please contact your tax adviser if you require assistance completing this section.

Country of Tax Residence

In general, you will find that tax residence is the country/jurisdiction in which you live.

Foreign Tax Details

Please read the Tax residency self-certification instructions in section F1 before completing this section. Section F1 will outline how your foreign tax details are collected, held and disclosed.

TIN

If you answered yes, to the US question please provide us with one of the following US Tax Identification Numbers (TIN)

- Social Security Number "SSN"
- Employer Identification Number "EIN"
- Individual Taxpayer Identification Number "ITIN"
- Taxpayer Identification Number for Pending U.S. Adoptions "ATIN"
- Preparer Taxpayer Identification Number "PTIN"

Identity Verification

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 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.

Certified Copy

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. This person must not be related to you, be your spouse or partner, live at the same address as you or be involved in this Client Agreement.

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 preceding presentation of the certified documents. See section I for details of the wording required for the certification.

Alternatively, original documents can be sighted by a Craigs Investment Partners employee.

Salutation

This is how you would like your communication addressed.

Please explain why you are unable to obtain a TIN if you selected reason **b** above.

Authorisation

Are you authorised to instruct on the Account (i.e. an Authorised Person)?

☐ Yes ☐ No

IDENTITY AND ADDRESS VERIFICATION

We can identify you one of two ways:

- Electronically** - Please indicate below if you authorise us to verify your identity and residential address electronically and also **provide us with a copy** of the document you select below - either your valid New Zealand Passport or New Zealand Driver Licence (both sides). By selecting this option, you are authorising Craigs Investment Partners to use your personal information to verify your identity and residential address electronically with information held in third party databases (including the Department of Internal Affairs, NZ Transport Agency and a credit reporting agency).

IF ELECTRONICALLY please provide details for **one** of the following:

☐ **NZ Passport**

NZ Passport Number

Expiry Date

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

☐ **NZ Driver Licence**

NZ Driver Licence Number

Card Version
Number

Expiry Date

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

We will contact you if we are unable to verify your identity information electronically

☐ **I authorise Craigs Investment Partners to electronically verify my identity and residential address.**

- Manually** - If you choose manual verification, you will need to provide us with certified copies of the documents listed in the Guidance Note for Manual Identity Verification (page 29).

Information provided will be handled in accordance with Clause 26-28 of the CIP Terms and Conditions.

C2

Second Trustee, Executor, Protector, Settlor or Appointer

Role please select applicable roles

☐ Trustee ☐ Executor ☐ Advisory Trustee ☐ Protector ☐ Settlor ☐ Appointer

NAME, ADDRESS & CONTACT DETAILS

Title please select one

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Full Name first, middle and last name

Preferred Salutation

Please complete and tick your preferred method of contact

☐ Home Ph ☐ Mobile
☐ Work Ph ☐ Email
☐ Post as per mailing address

Residential Address *where you live, not a PO Box number*

Postcode | | | | |

Mailing Address *if not the same as residential address*

Postcode | | | | |

News & Views publication

A quarterly publication with topical articles and company events

☐ Yes by email

☐ Yes by post

Research Wrap email

A monthly email that includes a market summary, company research and strategy reports

☐ Yes email only

Market Insights eNewsletter

A fortnightly email that covers current market info

☐ Yes email only

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender

☐ Male

☐ Female

Date of Birth

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

Town or City of Birth

Country of Birth

☐ NZ

☐ Other *specify*

Country of Citizenship

☐ NZ

☐ Other *specify*

New Zealand Residency Status *tick one only*

☐ Permanent Resident/Citizen

☐ Resident Visa

☐ Work Permit

☐ Long Term Business Visa

☐ Other *specify*

Occupation & Employer

Occupation

☐ Retired

Employer

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial, military or ministerial position in New Zealand or overseas?

☐ No

☐ Yes *specify*

Please contact your tax adviser if you require assistance completing this section.

Country of Tax Residence

In general, you will find that tax residence is the country/jurisdiction in which you live.

TAX DETAILS

Country of Tax Residence

☐ NZ

☐ Other *please specify*

IRD Number | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No

☐ Yes

☐ No

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

If a TIN is unavailable please provide the appropriate reason a, b or c where indicated below:

- a) the country/jurisdiction does not issue TINs to its residents
- b) you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)

Foreign Tax Details

Please read the Tax residency self-certification instructions in section F1 before completing this section. Section F1 will outline how your foreign tax details are collected, held and disclosed.

TIN

If you answered yes, to the US question please provide us with one of the following US Tax Identification Numbers (TIN)

- Social Security Number "SSN"
- Employer Identification Number "EIN"
- Individual Taxpayer Identification Number "ITIN"
- Taxpayer Identification Number for Pending U.S. Adoptions "ATIN"
- Preparer Taxpayer Identification Number "PTIN"

Identity Verification

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 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.

Certified Copy

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. This person must not be related to you, be your spouse or partner, live at the same address as you or be involved in this Client Agreement.

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 preceding presentation of the certified documents. See section I for details of the wording required for the certification.

Alternatively, original documents can be sighted by a Craigs Investment Partners employee.

- c) no TIN is required (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of Tax Residence TIN

If no TIN available
please select reason
a, b or c from above
if applicable

1. _____
2. _____
3. _____

Please explain why you are unable to obtain a TIN if you selected reason **b** above.

Authorisation

Are you authorised to instruct on the Account (i.e. an Authorised Person)?

☐ Yes ☐ No

IDENTITY AND ADDRESS VERIFICATION

We can identify you one of two ways:

1. **Electronically** - Please indicate below if you authorise us to verify your identity and residential address electronically and also **provide us with a copy** of the document you select below - either your valid New Zealand Passport or New Zealand Driver Licence (both sides). By selecting this option, you are authorising Craigs Investment Partners to use your personal information to verify your identity and residential address electronically with information held in third party databases (including the Department of Internal Affairs, NZ Transport Agency and a credit reporting agency).

IF ELECTRONICALLY please provide details for **one** of the following:

☐ NZ Passport

NZ Passport Number

Expiry Date

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

☐ NZ Driver Licence

NZ Driver Licence Number

Card Version
Number

Expiry Date

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

We will contact you if we are unable to verify your identity information electronically

☐ I authorise Craigs Investment Partners to electronically verify my identity and residential address.

2. **Manually** - If you choose manual verification, you will need to provide us with certified copies of the documents listed in the Guidance Note for Manual Identity Verification (page 29).

Information provided will be handled in accordance with Clause 26-28 of the CIP Terms and Conditions.

C3 Third Trustee, Executor, Protector, Settlor or Appointer

Role *please select applicable roles*

☐ Trustee ☐ Executor ☐ Advisory Trustee ☐ Protector ☐ Settlor ☐ Appointer

NAME, ADDRESS & CONTACT DETAILS

Title *please select one*

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other _____

Full Name *first, middle and last name*

Preferred Salutation

Please complete and tick your preferred method of contact

☐ Home Ph ☐ Mobile
☐ Work Ph ☐ Email
☐ Post *as per mailing address*

Residential Address *where you live, not a PO Box number*

Postcode | | | | |

Mailing Address *if not the same as residential address*

Postcode | | | | |

News & Views publication

A quarterly publication with topical articles and company events

☐ Yes *by email* ☐ Yes *by post*

Research Wrap email

A monthly email that includes a market summary, company research and strategy reports

☐ Yes *email only*

Market Insights eNewsletter

A fortnightly email that covers current market info

☐ Yes *email only*

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender ☐ Male ☐ Female

Date of Birth | D | D | M | M | Y | Y | Y | Y |

Town or City of Birth

Country of Birth ☐ NZ ☐ Other *specify* _____

Country of Citizenship ☐ NZ ☐ Other *specify* _____

New Zealand Residency Status *tick one only*

☐ Permanent Resident/Citizen ☐ Resident Visa ☐ Work Permit
☐ Long Term Business Visa ☐ Other *specify* _____

Salutation

This is how you would like your communication addressed.

Please contact your tax adviser if you require assistance completing this section.

Country of Tax Residence

In general, you will find that tax residence is the country/jurisdiction in which you live.

Foreign Tax Details

Please read the Tax residency self-certification instructions in section F1 before completing this section. Section F1 will outline how your foreign tax details are collected, held and disclosed.

TIN

If you answered yes, to the US question please provide us with one of the following US Tax Identification Numbers (TIN)

- Social Security Number "SSN"
- Employer Identification Number "EIN"
- Individual Taxpayer Identification Number "ITIN"
- Taxpayer Identification Number for Pending U.S. Adoptions "ATIN"
- Preparer Taxpayer Identification Number "PTIN"

Occupation & Employer

Occupation

☐ Retired

Employer

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial, military or ministerial position in New Zealand or overseas?

☐ No ☐ Yes *specify*

TAX DETAILS

Country of Tax Residence ☐ NZ ☐ Other *please specify*

IRD Number | | | | | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No ☐ Yes ☐ No

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

If a TIN is unavailable please provide the appropriate reason a, b or c where indicated below:

- the country/jurisdiction does not issue TINs to its residents
- you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)
- no TIN is required (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If no TIN available
please select reason
a, b or c from above
if applicable

Country/Jurisdiction of Tax Residence	TIN	
---------------------------------------	-----	--

1.		
2.		
3.		

Please explain why you are unable to obtain a TIN if you selected reason **b** above.

Authorisation

Are you authorised to instruct on the Account (i.e. an Authorised Person)?

☐ Yes ☐ No

Identity Verification

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 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.

Certified Copy

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. This person must not be related to you, be your spouse or partner, live at the same address as you or be involved in this Client Agreement.

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 preceding presentation of the certified documents. See section I for details of the wording required for the certification.

Alternatively, original documents can be sighted by a Craigs Investment Partners employee.

Only complete this section if applicable.

IDENTITY AND ADDRESS VERIFICATION

We can identify you one of two ways:

1. **Electronically** - Please indicate below if you authorise us to verify your identity and residential address electronically and also **provide us with a copy** of the document you select below - either your valid New Zealand Passport or New Zealand Driver Licence (both sides). By selecting this option, you are authorising Craigs Investment Partners to use your personal information to verify your identity and residential address electronically with information held in third party databases (including the Department of Internal Affairs, NZ Transport Agency and a credit reporting agency).

IF ELECTRONICALLY please provide details for **one** of the following:

☐ **NZ Passport**

NZ Passport Number

Expiry Date

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

☐ **NZ Driver Licence**

NZ Driver Licence Number

Card Version
Number

Expiry Date

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

We will contact you if we are unable to verify your identity information electronically

☐ **I authorise Craigs Investment Partners to electronically verify my identity and residential address.**

2. **Manually** - If you choose manual verification, you will need to provide us with certified copies of the documents listed in the Guidance Note for Manual Identity Verification (page 29).

Information provided will be handled in accordance with Clause 26-28 of the CIP Terms and Conditions.

C4 Company as Trustee

COMPANY NAME & ADDRESS

Company Name

Company Number

Country where Established ☐ NZ ☐ Other

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

Mailing Address

Postcode | | | |

Registered Office Address *if not the same as mailing address*

Postcode | | | |

Principal Place of Business *if not the same as registered office*

Postcode | | | |

Please complete and tick your preferred method of contact

☐ Home Ph

☐ Mobile

☐ Work Ph

☐ Email

☐ Post *as per mailing address*

Obtained by registering with the Internal Revenue Service for entities considered to meet the definition of a Foreign Financial Institution. Companies which appoint an investment adviser with a discretionary mandate will be considered 'professionally managed' and therefore Financial Institutions and will require a Global Intermediary Identification Number (GIIN).

Entities that are Exempt Beneficial Owners do not have any reporting or registration requirements in relation to any Financial Accounts that they maintain.

(ii) Any international organization
e.g. the International Monetary
Fund;

(iv) Any government of a US territory as defined in the U.S. Treasury Regulations;

Non-Financial Foreign Entity is a foreign (i.e. New Zealand) entity that is excluded from the definition of a foreign financial institution. Foreign financial institutions include entities that: are in the ordinary course of banking or similar business, hold financial assets for the account of others, carry on the business of investing, managed by another financial institution, a trustee that is a financial institution.

Is in relation to the primary source of income for the business (i.e. greater than 50% of income generated). Active refers to entities carrying on an activity with goods or services. Passive income includes such sources as: dividends, interest, rents and royalties.

A Beneficial Owner is a person who has effective control of the Company or a person who owns 10% or more of the Company.

10 \

PERSON AUTHORISED TO ACT ON BEHALF OF THE COMPANY AS TRUSTEE

If the Company acting as Trustee is authorised to instruct on the Account, please provide us with the name of the person who is authorised to act on behalf of the Company.

NAME, ADDRESS & CONTACT DETAILS

Title *please select one*

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

☐ Dr

☐ Other

Full Name *first, middle and last name*

Preferred Salutation

Relationship to Company

Please complete and tick your preferred method of contact

☐ Home Ph

☐ Mobile

☐ Work Ph

☐ Email

☐ Post *as per mailing address*

Residential Address *where you live, not a PO Box number*

Postcode

Mailing Address *if not the same as residential address*

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☐ Yes *email only*

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☐ Yes *email only*

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender

☐ Male

☐ Female

Date of Birth

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

Town or City of Birth

Country of Birth

☐ NZ

☐ Other *specify*

Country of Citizenship

☐ NZ

☐ Other *specify*

New Zealand Residency Status *tick one only*

☐ Permanent Resident/Citizen

☐ Resident Visa

☐ Work Permit

☐ Long Term Business Visa

☐ Other *specify*

Salutation

This is how you would like your communication addressed.

Please contact your tax adviser if you require assistance completing this section.

Country of Tax Residence

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- Preparer Taxpayer Identification Number "PTIN"

Identity Verification

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Certified Copy

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 (continued over page)

Occupation & Employer

Occupation

☐ Retired

Employer

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial, military or ministerial position in New Zealand or overseas?

☐ No ☐ Yes *specify*

TAX DETAILS

Country of Tax Residence ☐ NZ ☐ Other *please specify*

IRD Number | | | | | | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No ☐ Yes ☐ No

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

If a TIN is unavailable please provide the appropriate reason a, b or c where indicated below:

- the country/jurisdiction does not issue TINs to its residents
- you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)
- no TIN is required (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If no TIN available
please select reason
a, b or c from above
if applicable

Country/Jurisdiction of Tax Residence TIN

1.		
2.		
3.		

Please explain why you are unable to obtain a TIN if you selected reason **b** above.

IDENTITY AND ADDRESS VERIFICATION

We can identify you one of two ways:

- Electronically** - Please indicate below if you authorise us to verify your identity and residential address electronically and also **provide us with a copy** of the document you select below - either your valid New Zealand Passport or New Zealand Driver Licence (both sides). By selecting this option, you are authorising Craigs Investment Partners to use your personal information to verify your identity and residential address electronically with information held in third party databases (including the Department of Internal Affairs, NZ Transport Agency and a credit reporting agency).

IF ELECTRONICALLY *please provide details for one of the following:*

☐ **NZ Passport**

NZ Passport Number

Expiry Date

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

Parliament. This person must not be related to you, be your spouse or partner, live at the same address as you or be involved in this Client Agreement.

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 preceding presentation of the certified documents. See section I for details of the wording required for the certification.

Alternatively, original documents can be sighted by a Craigs Investment Partners employee.

Only complete this section if you are not one of the trustees. If there is more than one Settlor, please complete an additional form.

Salutation

This is how you would like your communication addressed.

☐ NZ Driver Licence

NZ Driver Licence Number

Card Version
Number

Expiry Date

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

We will contact you if we are unable to verify your identity information electronically

☐ I authorise Craigs Investment Partners to electronically verify my identity and residential address.

2. **Manually** - If you choose manual verification, you will need to provide us with certified copies of the documents listed in the Guidance Note for Manual Identity Verification (page 29).

Information provided will be handled in accordance with clause 26-28 of the CIP Terms and Conditions.

C5 Settlor

NAME, ADDRESS & CONTACT DETAILS

Title *please select one*

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

☐ Dr

☐ Other

Full Name *first, middle and last name*

Preferred Salutation

Please complete and tick your preferred method of contact

☐ Home Ph

☐ Mobile

☐ Work Ph

☐ Email

☐ Post *as per mailing address*

Residential Address *where you live, not a PO Box number*

Postcode

Mailing Address *if not the same as residential address*

Postcode

News & Views publication

A quarterly publication with topical articles and company events

☐ Yes by email

☐ Yes by post

Research Wrap email

A monthly email that includes a market summary, company research and strategy reports

☐ Yes email only

Market Insights eNewsletter

A fortnightly email that covers current market info

☐ Yes email only

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender

☐ Male ☐ Female

Date of Birth

Town or City of Birth

Country of Birth

☐ NZ ☐ Other *specify*

Country of Citizenship

☐ NZ ☐ Other *specify*

New Zealand Residency Status

tick one only

☐ Permanent Resident/Citizen

☐ Resident Visa

☐ Work Permit

☐ Long Term Business Visa

☐ Other *specify*

Occupation & Employer

Occupation

☐ Retired

Employer

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial, military or ministerial position in New Zealand or overseas?

☐ No ☐ Yes *specify*

TAX DETAILS

Country of Tax Residence

☐ NZ ☐ Other *please specify*

IRD Number

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No ☐ Yes ☐ No

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

If a TIN is unavailable please provide the appropriate reason a, b or c where indicated below:

- a) the country/jurisdiction does not issue TINs to its residents

b) you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)

c) no TIN is required (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of Tax Residence	TIN	If no TIN available please select reason a, b or c from above <i>if applicable</i>
1.		
2.		
3.		

Please explain why you are unable to obtain a TIN if you selected reason **b** above.

Authorisation

Are you authorised to instruct on the Account (i.e. an Authorised Person)?

☐ Yes ☐ No

Please contact your tax adviser if you require assistance completing this section.

Country of Tax Residence

In general, you will find that tax residence is the country/jurisdiction in which you live.

Foreign Tax Details

Please read the Tax residency self-certification instructions in section F1 before completing this section. Section F1 will outline how your foreign tax details are collected, held and disclosed.

TIN

If you answered yes, to the US question please provide us with one of the following US Tax Identification Numbers (TIN)

- Social Security Number "SSN"

• Employer Identification Number "EIN"

• Individual Taxpayer Identification Number "ITIN"

• Taxpayer Identification Number for Pending U.S. Adoptions "ATIN"

• Preparer Taxpayer Identification Number "PTIN"

Identity Verification

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 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.

Certified Copy

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. This person must not be related to you, be your spouse or partner, live at the same address as you or be involved in this Client Agreement.

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 preceding presentation of the certified documents. See section I for details of the wording required for the certification.

Alternatively, original documents can be sighted by a Craigs Investment Partners employee.

IDENTITY AND ADDRESS VERIFICATION

We can identify you one of two ways:

1. **Electronically** - If the Settlor is not a Trustee, you can verify your identity and residential address electronically. Please complete an Electronic ID Authorisation form. You can request this from your investment adviser.
2. **Manually** - If you choose manual verification, you will need to provide us with certified copies of the documents listed in the Guidance Note for Manual Identity Verification (page 29).

Information provided will be handled in accordance with Clause 26-28 of the CIP Terms and Conditions.

C6 NZX Prescribed Person Confirmation

As an NZX Market Participant, Craigs Investment Partners Limited is prohibited under the NZX Participant Rules from buying or selling securities for a Prescribed Person of any other NZX Firm.

Are you or any person associated with this account a Prescribed Person (i.e. one of the following):

- a) a Director, Partner, Managing Principal, Responsible Executive, shareholder or employee of an NZX Market Participant; or
- b) the spouse, de facto partner or dependent child of a person referred to in (a).

☐ Yes please provide details below

☐ No please notify us if you or any person associated with this account becomes a prescribed person

NZX Prescribed Person Details

Account holder

Associated person

Relationship to NZX Employee

NZX Employee Name

NZX Firm

Position

C7 Listed Entity Director/Officer Details

Are you or any person associated with this account a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange?

☐ Yes ☐ No

If 'Yes', please complete the Director/Officer details below.

LISTED ENTITY DIRECTOR/OFFICER DETAILS

Director/Officer Name

Relationship to Listed Entity

Listed Entity Name

Registered Exchange

Director/Officer Name

Relationship to Listed Entity

Listed Entity Name

Registered Exchange

C8 Authorisation to Instruct on the Account

- ☐ **Single Authorisation** – Tick if any one person can provide instructions on the account.
- ☐ **Multiple Authorisation** – Please indicate below which persons from section C, and how many are required to jointly instruct on the account.

Name *first, middle and last name*

Name *first, middle and last name*

Name *first, middle and last name*

A Beneficial Owner

A Beneficial Owner is a person who has effective control of the Client or a person who owns 10% or more of the Client.

For a trust, a Beneficial Owner is a person who has control of the trust, specific trust property or the power to amend the trust deed, or to appoint or remove trustees or any beneficiary that has a vested interest of more than 10% in the trust property.

C9 Details of Beneficial Owners

Please provide details of ALL Beneficial Owners for the Client below and complete an Individual Details form for each person who has not already provided their personal details. Your investment adviser can provide additional copies.

Full Name	Relationship to Client	% Held

C10 Details of Beneficiaries

Please provide details of the Beneficiaries of the Trust/Deceased Estate.

The Trustees are required to notify Craigs Investment Partners if a distribution is made to any beneficiary and complete an Individual Details form for the beneficiary.

If the Trust is a Discretionary Trust, Charitable Trust or a Trust with more than 10 Beneficiaries please provide a description of each class or type of beneficiary.

If the Trust is a Charitable Trust please provide details of the objectives of the Trust.

For all other Trusts please provide the name and date of birth for each Beneficiary.

Full Name *first, middle and last name*

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

Full Name *first, middle and last name*

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

Full Name *first, middle and last name*

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

Full Name *first, middle and last name*

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

Full Name *first, middle and last name*

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

Full Name *first, middle and last name*

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

Full Name *first, middle and last name*

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

Source of Funds or Wealth of the Trust/Deceased Estate and Nature and Purpose of the Business Relationship

We are required to obtain:

- > Information relating to the original source of wealth or the source of funds for the Trust/Deceased Estate.
- > 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.

Source of Funds

For a trust, this may be the origin of the Settlor's wealth or the source of any income that the trust is receiving.

Acceptable Documents

Acceptable documents to verify the source of funds:

- Sale & Purchase Agreements for a property/business
- Pay slip - letter from an employer
- Business financials
- Proof of drawings from a business
- Wills and any other reliable legal docs regarding gifting or inheritance

Certified Copy

Please refer to Section I, heading "Certification" for more information.

SOURCE OF FUNDS OR WEALTH

Please select from the list below and provide a detailed description of the origin of the Settlor's Wealth or the Funds of the Trust/Deceased Estate.



- ☐ **Employment earnings** (please specify the nature and period of employment)

- ☐ **Sale of a property** (please specify the date of sale, type of property and location)

- ☐ **Inheritance** (please specify the date and type of inheritance)

- ☐ **Income from a company** (please specify the company, amount, type and frequency of payments)

- ☐ **Deposit(s) from a family bank account** (please specify the amount, type and frequency of payments)

- ☐ **Other** (please provide a detailed description of the activity that generated the Settlor's wealth or funds)

NATURE AND PURPOSE OF RELATIONSHIP

Please select from the list below those that best describe the nature and purpose of your investment. Select all that are applicable:

- | | |
|---|---|
| <input type="radio"/> To receive investment advice | <input type="radio"/> To help grow my savings |
| <input type="radio"/> To save for my retirement | <input type="radio"/> To save for my children's education |
| <input type="radio"/> To manage an inheritance | <input type="radio"/> To obtain access to new issues |
| <input type="radio"/> To obtain access to international securities | <input type="radio"/> To generate income |
| <input type="radio"/> Other (please provide as much detail as possible) | |

D1 Craigs Investment Partners Cash Management Account Application Form

I/We authorise and request Craigs Investment Partners to open a Craigs Investment Partners Cash Management Account and authorise you to automatically settle my/our securities transactions by withdrawing or depositing funds to/from my/our Craigs Investment Partners Cash Management Account.

☐ Yes ☐ No

BANK ACCOUNT DETAILS

You have the option of having any withdrawals from your Craigs Investment Partners Cash Management Account direct credited to your nominated bank account(s) detailed below. Please attach a bank deposit slip with pre-printed (not handwritten) details of the bank account name and number for each account you wish to use for this purpose.

 DOCUMENT
REQUIRED

Name of Bank

Account Name

Account Number

BANK
BRANCH
ACCOUNT NUMBER
SUFFIX

Proof of bank account

Please attach one of the following:

- ☐ A bank encoded deposit slip with pre-printed (not handwritten) details of your bank account name and number; or
- ☐ A certified copy of a cheque for this bank account; or
- ☐ A certified copy of a bank account statement; or
- ☐ A verification letter or other document of confirmation provided by your bank; or
- ☐ A printed version of your bank account details from your online banking

 DOCUMENT
REQUIRED

Proof of bank account

Additional information and identification documents must be provided for all account holders where the bank account is in a name other than the name of the Craigs Investment Partners account.

E Professional Advisers for the Trust/Deceased Estate

Accountant's Name

Firm

Mailing Address

Postcode | | | | |

Work Ph

Email

Do you want us to send your end-of-year taxation summary to your tax adviser?

☐ Yes *by email* ☐ Yes *by post* ☐ No

Solicitor's Name

Firm

Mailing Address

Postcode

Work Ph

Email

Prescribed Investor Rate (PIR)

A PIR is the rate at which income from a PIE is taxed. It is based on your taxable income. If you need more information on how to calculate your PIR, visit craigsip.com

Resident Withholding Tax (RWT)

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

F Tax Information for the Account

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%

☐ 30%

☐ 33%

☐ Exempt *please provide a copy of your RWT exemption certificate*



What is the Trust or Deceased Estate's country of residence for tax purposes?

Have you elected or are you required to apply the Foreign Investment Fund Fair Dividend Rate rules when calculating taxable income on your overseas investments?

☐ Yes ☐ No

☐ 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)

IRD Number

Foreign Tax Details

Australian Tax Number

US IRS Tax Identification Number (SSN or TIN)

UK National Insurance Number

Other

Country

Identification Number

Country

Identification Number

If you have any questions regarding this section, please contact your tax adviser. Further information about both CRS and FATCA can be found on the IRD website.

F1

Tax Residency Self-Certification

Please complete the following Tax Residency Self-Certification on behalf of the Trust/Deceased Estate. We may be required to pass this information to the Inland Revenue Department (IRD), who may then pass this information to any relevant overseas tax authorities.

F2

TINs are different in each country
e.g. UK National Insurance Number,
in the U.S the TIN number includes
a SSN, EIN, ITIN, ATIN and PTIN.

Non Financial Entity i.e. an entity that is not a Financial Institution.

Obtained by registering with the Internal Revenue Service for entities considered to meet the definition of a Foreign Financial Institution. Companies which appoint an investment adviser with a discretionary mandate will be considered 'professionally managed' and therefore Financial Institutions and will require a Global Intermediary Identification Number (GIIN).

Please complete the following table indicating:




- If a TIN is unavailable please provide the appropriate reason a, b or c where appropriate:

- | Country/Jurisdiction
of tax residence
(e.g. New Zealand) | TIN/IRD number | If no TIN available enter Reason
a, b or c |
|--|----------------|---|
|--|----------------|---|

Please explain in the following boxes why you are unable to obtain a TIN if you selected reason b above.


F3

Please confirm the Trust/Deceased Estate status by ticking one of the following:

- a)  Passive NFE
Please note, this classification applies to many NZ Discretionary Family Trusts.
- b)  Financial Institution – Investment Entity
 - (i) An Investment Entity located in a non-participating jurisdiction and managed by another Financial Institution;
 - (ii) Other Investment Entity
- c)  Financial Institution - Depository Institution, Custodial Institution or Specified Insurance Company

If you ticked (b) or (c) above, please provide the Global Intermediary Identification Number (GIIN) if held – required for foreign financial Institutions for FATCA purposes:

GIIN Number

- d)  Active NFE – a corporation:
- the stock of which is regularly traded on an established securities market; or
 - a corporation, which is a related entity of such a corporation

If this applies, please provide the name of the established securities market on which the corporation is regularly traded:

If the Trust/ Deceased Estate is a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Trust/Deceased Estate is a Related Entity of:

- (e) ☐ Active NFE – A government entity or central bank
- (f) ☐ Active NFE – an international organisation
- (g) ☐ Active NFE – other than (d)-(f) for example a start-up NFE or a non-profit NFE

Exempt Beneficial Owner

Entities that are Exempt Beneficial Owners do not have any reporting or registration requirements in relation to any Financial Accounts that they maintain.

- (i) Any foreign government e.g. the Crown as defined in the Public Finance Act 1989;
- (ii) Any international organization e.g. the International Monetary Fund;
- (iii) A foreign central bank e.g. the Reserve Bank of New Zealand;
- (iv) Any government of a US territory as defined in the U.S. Treasury Regulations;
- (v) Certain foreign retirement funds.

NFFE

Non-Financial Foreign Entity is a foreign (i.e. New Zealand) entity that is excluded from the definition of a foreign financial institution. Foreign financial institutions include entities that: are in the ordinary course of banking or similar business, hold financial assets for the account of others, carry on the business of investing, managed by another financial institution, a trustee that is a financial institution.

Please consult a professional adviser if you are unsure as to whether your entity is a FFI or NFFE.

FATCA definition:

Active or Passive Income

Is in relation to the primary source of income for the business (i.e. greater than 50% of income generated). Active refers to entities carrying on an activity with goods or services. Passive income includes such sources as: dividends, interest, rents and royalties.

Please consult a professional adviser if you have any queries regarding the primary source of income for your entity.

F4 FATCA Confirmation

Is the Trust/Deceased Estate or any persons who exercise control over the Trust/Deceased Estate a US citizen or considered to be a US resident for US tax purposes?

☐ Yes ☐ No

Is the Trust/Deceased Estate an Exempt Beneficial Owner?

☐ Yes ☐ No

Is the Trust/Deceased Estate a Non-Financial Foreign Entity (NFFE) under the Foreign Account Taxation Compliance Act (FATCA)?

☐ Yes ☐ No

If Yes, what is the primary source of income under the FATCA definitions?

☐ Active Income ☐ Passive Income

G Trustee Certificate

To be completed by ALL Trustees opening a Craigs Investment Partners account on behalf of a Trust.

Please provide a certified copy of the Trust Deed, together with any additional resolutions and deeds of appointment confirming the current Trustees.

To: Craigs Investment Partners Limited

I/We: 1. _____
2. _____
3. _____
"Trustee/Trustees" (Insert full names of ALL current Trustees)

and _____
("Company as Trustee") (If applicable)

of _____ **("the entity")**
("The Trust") (Specify the name of the Trust)

Properly constituted by
Deed of Trust dated the _____ day of _____ | Y | Y | Y | Y | Y |
_____ day _____ month _____ year

Confirm that:

- Current Trustees:** Each of the above named Trustees is a current and validly appointed Trustee of the Trust and there are no other Trustees of the Trust.
- Power to Transact:** The Trust has the power to open and operate a Client Account with Craigs Investment Partners Limited and to enter into any related documentation.
- Authority to Operate a Cash Management Account:** The Trustees have the right (jointly and severally) to open and operate a Cash Management Account with CIP Cash Management Nominees Limited.
- Trust Resolutions:** All Trust resolutions and approvals required by law and necessary pursuant to the Deed of Trust have been passed or given to enable the Trust to enter into a Client Agreement and any related documentation ("transactions").

* In the case of a change to the Trustees, Beneficiaries or Investment Powers the Trustees will provide a new Trustee Certificate with the requisite identification documents. The Trustees undertake to provide amendments to the Trust Deed on request.

** The Trustees undertake to provide copies of the record of Trustee decisions relevant to the transactions signed by all Trustees upon request.

5. **Trust Compliance:** The Trustees in approving any transaction have acted in compliance with the duties imposed on the Trustees at law.
6. **Alteration of Trustees, Trustee Power and Trust Deed:** Where there is any alteration to the Trustees named above or any change to the Trust Deed or any Trustees Power which may adversely affect Craigs Investment Partners Limited, the Trustees will notify Craigs Investment Partners Limited in writing immediately and forward a new Trustee Certificate with the requisite identification documentation.*
7. **Validity of Transaction:** The transactions entered into by the Trust are binding on the Trust, and the Terms and Conditions of the Client Agreement and any related documentation are enforceable against the Trust.**
8. **Execution of Documents:** The Client Agreement and any related documentation have been properly completed and signed by the Trustees of the Trust.
9. **No Invalidity:** There are no circumstances which would invalidate any of the transactions or the Client Agreement and any related documentation.
10. The Trustees confirm that the Trustees/Authorised Person(s) listed below are authorised to operate the account with Craigs Investment Partners (jointly/jointly and severally) on behalf of Trust.

Full Name *first, middle and last name*

Capacity *i.e. trustee, protector, authorised person*

Full Name *first, middle and last name*

Capacity

Full Name *first, middle and last name*

Capacity

Full Name *first, middle and last name*

Capacity

11. **CRS Obligations:** The Trustees undertake to provide Craigs Investment Partners with a self certification when a beneficiary receives a distribution from the Trust.
12. **Limitation of Liability:** If you are an Independent Trustee, we agree that in exercising our powers under the Client Agreement, you will have no personal liability under the Client Agreement and we will not have any recourse to assets that are not Trust assets. However, this limitation on our rights will not apply if:
 - a. you are in wilful or negligent breach of the Trust or have acted negligently or dishonestly;
 - b. you lack the power or authority to sign the Client Agreement in your capacity as Trustee;
 - c. any representations or acknowledgements you have made are untrue or incorrect; or
 - d. you have signed the Client Agreement in your personal capacity as well as your Trustee capacity and in such case you will have full personal liability under the Client Agreement and we may have recourse to your personal assets as well as to the Trust assets.
13. You are an 'Independent Trustee' for the purpose of this clause if you have signed the Client Agreement as Trustee and neither you, nor any spouse (de facto or otherwise), civil union partner, child or grandchild:
 - a. is a beneficiary (discretionary or otherwise); or
 - b. has a power of appointment of additional beneficiaries under the Trust.
14. I/We understand that the information supplied by me/us is covered by the CIP Terms and Conditions governing my relationship with Craigs Investment Partners setting out how Craigs Investment Partners may use and share the information supplied by me/us.
15. Without limiting the Terms and Conditions, I/we acknowledge that the information contained in this Client Agreement and in relation to any Reportable Account(s) may be provided to the Inland Revenue Department and exchanged with tax authorities of another

country/jurisdiction or countries/jurisdictions in which I/we may be a tax resident pursuant to intergovernmental agreements to exchange financial account information.

16. Without limiting the Terms and Conditions, I/we confirm that if Electronic Identity and Address Verification was selected in this form, I/we consent to Craigs Investment Partners Limited using the personal information that I/we have provided to verify my/our identity electronically and where necessary disclosing the information to external and independent agencies for the purpose of matching my/our information with identification information held in third party databases including the Department of Internal Affairs, the New Zealand Transport Authority and a credit reporting agency.
17. I/We undertake to advise Craigs Investment Partners within 30 days of any change in circumstances which:
- a. affects the tax residency status of any person associated with this account; or
 - b. causes the information contained herein to become incorrect or incomplete;
- and, if so, to provide Craigs Investment Partners with a suitably updated self-certification and declaration within 60 days of such change in circumstances.
18. I/We certify that I am/we are the applicant(s) (or am/are authorised to sign and provide information on behalf of the applicant(s)).

Instructions for Signing

All Trustees must sign the Trustee Certificate below and indicate their capacity - (i.e. *Trustee, Executor or Attorney for the <Name of Trustee/Executor>, Witness*).

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 |

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 |

H Client Undertakings and Signatures

H1 Undertakings

I/We as Trustee(s)/Executor(s) of the Trust/Deceased Estate request that Craigs Investment Partners accept the Trust/Deceased Estate as a Client and open an Account in the Trust/Deceased Estate's name.

I/We as Trustee(s)/Executor(s) of the Trust/Deceased Estate confirm that I/we on behalf of the Trust/Deceased Estate (if applicable):

1. Have received and read the Disclosure Statements for the Trust/Deceased Estate's Craigs Investment Partners adviser(s);
2. Have received a copy of the CIP Terms and Conditions;
3. Agree to be bound by the CIP Terms and Conditions;
4. Have read and understood the risk warnings set out in Clause 16 and the Use and Disclosure of Information set out in Clause 26-28 of the CIP Terms and Conditions;
5. Agree to be bound by any terms and conditions of a nominee holding Securities on the Trust/Deceased Estate's behalf as bare trustee;
6. Are authorised to instruct on the account.

I/We as Trustee(s)/Executor(s) of the Trust/Deceased Estate acknowledge that:

1. The Trust/Deceased Estate will be treated as a Retail Investor unless I/we certify the Trust/Deceased Estate to be a "Wholesale Investor" for the purposes of the Financial Markets Conduct Act 2013 and/or as a "Wholesale Client" for the purposes of the Financial Advisers Act 2008;
2. It is my/our responsibility to provide Craigs Investment Partners with up to date information of the Trust's/Deceased Estate's financial situation, financial needs, financial goals and tolerance for risk ("the Financial Information");
3. The Financial Information is required by Craigs Investment Partners to enable its advisers to determine suitability of the Personalised Service being provided;
4. If I/We decline to provide some or all Financial Information required I/we accept that the personalised advice provided will be limited;
5. I/We acknowledge that if I/we instruct Craigs Investment Partners and/or its advisers not to determine suitability that the advice provided will then be class advice and I/we are aware of the limitations of class advice;
6. Craigs Investment Partners may register a Financing Statement over the Securities at the Personal Property Securities Register if I/we do not pay the purchase price for the Securities to Craigs Investment Partners by the due date for payment;
7. I/We must obtain the written consent of a nominee that is not associated with Craigs Investment Partners, before Craigs Investment Partners completes a Client Outward Transfer (as term is defined in the NZX Participant Rules) on the Trust/Deceased Estate's behalf into the name of that nominee;
8. Where I/we have provided information about any other individual, I/we will make that individual aware of the provision of Clause 26-28 of the CIP Terms and Conditions;
9. Communication that Craigs Investment Partners send to us by way of email or other electronic means will not be encrypted.
10. I/We understand that the information supplied by me/us is covered by the CIP Terms and Conditions governing my relationship with Craigs Investment Partners setting out how Craigs Investment Partners may use and share the information supplied by me/us.
11. Without limiting the Terms and Conditions, I/we acknowledge that the information contained in this Client Agreement and in relation to any Reportable Account(s) may be provided to the Inland Revenue Department and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I/we may be a tax resident pursuant to intergovernmental agreements to exchange financial account information.
12. Without limiting the Terms and Conditions, I/we confirm that if Electronic Identity and Address Verification was selected in this form, I/we consent to Craigs Investment Partners Limited using the personal information that I/we have provided to verify my/our identity electronically and where necessary disclosing the information to external and independent agencies for the purpose of matching my/our information with identification information held in third party databases including the Department of Internal Affairs, the New Zealand Transport Authority and a credit reporting agency.

13. I/We undertake to advise Craigs Investment Partners within 30 days of any change in circumstances which:
 - a. affects the tax residency status of any person associated with this account; or
 - b. causes the information contained herein to become incorrect or incomplete;and, if so, to provide Craigs Investment Partners with a suitably updated self-certification and declaration within 60 days of such change in circumstances.
14. I/We certify that I am/we are the applicant(s) (or am/are authorised to sign and provide information on behalf of the applicant(s)).

I/We as Trustee(s)/Executor(s) of the Trust/Deceased Estate consent to:

1. The Authorised Person(s) (if any) acting on the Trust's/Deceased Estate's behalf;
2. Receiving contract notes by the method indicated in section C12 of this Client Agreement;
3. Craigs Investment Partners retaining the Trust's/Deceased Estate's Authorisation Code in encrypted format pursuant to Clause 7 of the CIP Terms and Conditions;
4. The Trust's/Deceased Estate's Orders being put to market for the Trust/Deceased Estate at the careful discretion of Craigs Investment Partners pursuant to Clause 8 of the CIP Terms and Conditions;

**For Trustees Only
I/We certify that:**

1. The Trust has the power to invest in Securities;
2. The transactions entered into by the Trust are binding on the Trust;

If you have requested a Craigs Investment Partners Cash Management Account please read the following:

The purpose of this subsection is to ensure that you are aware of and have understood certain important information prior to requesting that a Craigs Investment Partners Cash Management Account is opened and funds are held on your behalf by CIP Cash Management Nominees Limited with ANZ Bank New Zealand Limited, or any successor or other registered banks selected by CIP Cash Management Nominees Limited.

1. I/We acknowledge that I/we have read and understood the information contained in the Terms and Conditions to my/our satisfaction.
2. I/We understand the manner in which the fees will be applied to my/our investment and commission will be paid to CIP Cash Management Nominees Limited. Further information on the fees and commission can be found in the Investment Adviser Disclosure Statement and current rates of gross interest and commission may be obtained from my/our Craigs Investment Partners adviser.

H2 Signatures

Instructions for Signing

All Trustees, Executors authorised on the Account or their respective Attorneys (if applicable) must sign the Client Agreement and indicate their capacity (i.e. Trustee, Executor or Attorney for the <Name of Trustee/Executor>, Witness).

If the Trustee is a Company, this Client Agreement must be signed by:

- Those Directors in accordance with the signing authority for the Company; or
- If there is only one director, by that director whose signature must be witnessed; or
- One or more attorneys appointed by the Trustee in accordance with section 181 of the Companies Act 1993.

Where a person is signing as Attorney for the Trustee/Executor, a certified copy of the Power of Attorney and Certificate of Non-Revocation of Power of Attorney must be completed and returned to Craigs Investment Partners with this Client Agreement.

Name of Company as Trustee *(if applicable)*

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 |

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 |

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

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 Client Agreement. Please contact us if you require a copy for your records. If this Client Agreement is completed and sent to Craigs Investment Partners electronically, please ensure that the original Client Agreement is sent to us.

I Manual Identity Verification Requirements

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.

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 certification.

Settlor

A document must be provided where a settlor is deceased e.g. Death Certificate.

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 preceding 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 sighted by a Craigs Investment Partners employee.

PROOF OF IDENTITY

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

Option 1

A certified copy 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.

OR

Option 2

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

A certified copy of:



- ☐ New Zealand driver licence

AND a certified copy 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 preceding the date of the application
- ☐ A statement issued to you by a government agency in the 12 months immediately preceding the date of the application e.g. Inland Revenue
- ☐ SuperGold card.

Continued over page

PROOF OF RESIDENTIAL REGISTERED ADDRESS

A certified copy of one of the following issued within the last three months that includes your name and address:



- ☐ Utilities bill
- ☐ Rates bill
- ☐ Bank account statement
- ☐ A statement issued to you by a government agency in the last 12 months immediately preceding the date of the application e.g. Inland Revenue.

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
- ☐ Meeting minutes or resolution

Office Use Only

Adviser Acknowledgement

Must be completed by an investment adviser, signed and scanned to CRM

I have provided the client with the following documents

- ☐ CIP Terms and Conditions
- ☐ Disclosure Statement(s)
- ☐ Scope of Service

-
- ☐ The client has completed and signed a Client Agreement / Application Form
 - ☐ Current and valid identity documents obtained and certified / verified

Class Client

- ☐ If required, the client has signed an Opt Out Letter*
Acknowledging that any advice given has not been based on personal financial circumstances

* Obtaining an Opt Out Letter is not mandatory for clients in a class service. Clients in a class service need only sign an Opt Out Letter if an investment adviser deems necessary to do so (so as to minimise the risk of a client mistakenly believing that a 'personalised' service is provided).

Personalised Client

- ☐ I will ensure my client completes a Client Discovery Questionnaire (including Risk Tolerance)
- ☐ I will provide the client with an Investment Policy Statement. I will go through the Investment Policy Statement (and attachments) with the client and ensure they understand and agree to it.
- ☐ I will obtain either a signed copy or email confirmation from the client before providing any personalised advice.
- ☐ The client has signed an Opt Out Letter for any securities where I will not be providing personalised advice.

All documents must be scanned into the CRM.

ALL CLIENTS

Based on the information provided in this signed Client Agreement / Application Form and my knowledge of the client - the due diligence to apply to this account is:

- ☐ Standard
- ☐ Enhanced

Client Name

Account Number

Brokerage %

Min. Brokerage

Fees (CSL Clients)

Other Instructions

Adviser Name

Adviser Code

Adviser Signature

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

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Craigs Investment Partners Limited is a NZX Participant Firm.
Adviser Disclosure Statements are available on request and
free of charge. **Please visit craigsip.com**