

Addition/Removal of Account Holders/ Controlling Persons/Authorised Persons to an Existing Account

Please complete and supply the appropriate documentation for any details that you wish to have changed. Thank you. If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227.

Instructions to complete this form (please read)

For ALL account types, please	comple	te the Account Details section be	low:	
Account Number: Please note	t name: t Numbe	er:		
To add a new Account Holder* (excluding a Trustee Company) to your account, please go to Section A (page 2).	$\longrightarrow \left[\rule{0mm}{2mm}\right]$	To add an Authorised Person** to your account, please go to Section B (page 6).		To change address details, please go to Section F (page 17).



^{*}Account holder: Means the person(s) who opened the account. For a joint account, the account holders are each of the joint applicants; for a trust or estate account, the account holders are each of the trustees or executors; for an account for a partnership or other unincorporated body, the account holders are each of the partners or members of the body; for an account for a company, incorporated society, incorporated charitable trust or other body corporate, the account holder is the relevant body corporate.

^{**}Authorised person: Means any person(s) named as such in the relevant section of the Client Agreement or this form; and if you are a company or other body corporate, any directors or officers named in the Client Agreement or this form.

	First Account Holder/Controlling Person Details						
Full Name: This includes your First Name, Middle Name(s),	○ Mr ○ Ms ○ Mrs ○ Miss ○ Dr ○ Other						
Last Name – please do not use initials or abbreviations.	Full Name:						
Country of Birth: If an Account	Relationship to Client:						
Holder was born in the US but is not a US Citizen, they will need to provide ONE of the following: • A copy of Certificate of Loss of Nationality of the United	Date of Birth: Day MONTH YEAR Country of Birth:						
States • A reasonable explanation for not holding a Certificate of	Country(s) of Citizenship/Nationality:						
Loss of Nationality A reasonable explanation for not obtaining US Citizenship	Is the Account Holder a Controlling Person? Yes No						
at birth AND provide ONE of the	Occupation:						
following: • An original certified copy	Residential Address:						
of a Passport or Travel Document issued by a Non US Government, the United	Street No./Name:						
Nations or an agency of the United Nations • A copy of a Citizenship Certificate issued by a Non	Suburb/RD No.:						
US Government.	Town/City:	Postcode:					
Controlling Person: Includes all of the following; • For All Trusts: Settlor(s) Trustee(s), Beneficial Owner(s),	Country: New Zealand Other (please state):						
Defined Beneficiaries(s), Director(s) and Management of Trustee Company, Protector	Mailing Address: Same as Residential Address						
For Discretionary Trusts: Any Discretionary Beneficiary for	Street No./Name/PO Box:						
which Forsyth Barr already maintains details of OR Any Discretionary Beneficiary who has received a distribution	Suburb/RD No.: Mail Centre:						
from the Trust. • For a Company: Director(s), Management Shareholders	Town/City:	Postcode:					
with more than a 25% ownership stake • For a Partnership: Partner(s)	Country: New Zealand Other (please state):						
For an Incorporated Association or Registered Co-op: Chair, Treasurer and/	Phone Work: Phone Home:						
or Secretary • Any Power of Attorney where Forsyth Barr has been notified							
of the arrangement. Email Address: By providing your	Phone Mobile: Fax:						
email addresses at any place in this form you are consenting to	Email:						
receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's	Tax Details I certify that I am a tax resident in the following country/countries (please select the could not feet and Number (TIN) for all that applying	ntry and supply the Tax					
products and services by email.	Identification Number (TIN) for all that apply):						
	New Zealand: (IRD Number)						
Tax Identification Number (TIN):	Australia: (Tax File Number)						
Please supply the country/ countries and TINs of any other countries where you are a tax resident.	United States: (Social Security Nu	ımber)					
IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 45% will be applied.	United Kingdom: (National Insurance	e Number)					
	Other Country (please state):						
	Is the Account Holder a United States Person? This section must be ticked						
United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your	Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) No						
tax adviser. Potential reasons for not supplying a TIN include: • Country doesn't issue TIN • Country doesn't require TIN collection	If no Tax Identification Number (TIN) is supplied, please state the reason why:						
Applied for TIN and will supply soon Cannot obtain TIN (explanation required)							
	Status: Account Director Trustee Power of Attorney	Partner Executor					

	Second Account Holder/Controlling Person Details						
Full Name: This includes your First Name, Middle Name(s),	○ Mr ○ Ms ○ Mrs ○ Miss ○ Dr ○ Other						
Last Name – please do not use initials or abbreviations.	Full Name:						
Country of Birth: If an Account	Relationship to Client:						
Holder was born in the US but is not a US Citizen, they will need to provide ONE of the following: • A copy of Certificate of Loss of Nationality of the United	Date of Birth: Country of Birth: DAY MONTH YEAR						
States • A reasonable explanation for not holding a Certificate of	Country(s) of Citizenship/Nationality:						
Loss of Nationality • A reasonable explanation for not obtaining US Citizenship	Is the Account Holder a Controlling Person? Yes No						
at birth AND provide ONE of the	Occupation:						
following: • An original certified copy	Residential Address:						
of a Passport or Travel Document issued by a Non US Government, the United	Street No./Name:						
Nations or an agency of the United Nations • A copy of a Citizenship	Suburb/RD No.:						
Certificate issued by a Non US Government.	Town/City:	Postcode:					
Controlling Person: Includes all of the following; For All Trusts: Settlor(s) Trustee(s), Beneficial Owner(s), Defined Reposition(s).	Country: New Zealand Other (please state):						
Defined Beneficiaries(s), Director(s) and Management of Trustee Company, Protector	Mailing Address: Same as Residential Address						
For Discretionary Trusts: Any Discretionary Beneficiary for which Forsyth Barr already	Street No./Name/PO Box:						
maintains details of OR Any Discretionary Beneficiary who has received a distribution	Suburb/RD No.: Mail Centre:						
from the Trust. • For a Company: Director(s), Management Shareholders with more than a 25%	Town/City:	Postcode:					
ownership stake • For a Partnership: Partner(s) • For an Incorporated	Country: New Zealand Other (please state):						
Association or Registered Co-op: Chair, Treasurer and/ or Secretary	Phone Work: Phone Home:						
Any Power of Attorney where Forsyth Barr has been notified of the arrangement.	Phone Mobile: Fax:						
Email Address: By providing your email addresses at any place in	Email:						
this form you are consenting to receiving information required to be provided to you under	Tax Details						
the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's products and services by email.	I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):						
	New Zealand: (IRD Number)						
Tax Identification Number (TIN):	Australia: (Tax File Number)						
Please supply the country/ countries and TINs of any other countries where you are a tax	United States: (Social Security No.	umber)					
resident. IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default	United Kingdom: (National Insurance	e Number)					
withholding tax rate of 45% will be applied.	Other Country (please state):						
	Is the Account Holder a United States Person? This section must be ticked						
United States Person: A United States Person can include US citizens, US tax residents and	Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)						
persons born in the US. If you are unsure, you should contact your	○ No						
tax adviser. Potential reasons for not supplying a TIN include: • Country doesn't issue TIN • Country doesn't require TIN collection —	If no Tax Identification Number (TIN) is supplied, please state the reason why:						
Applied for TIN and will supply soon Cannot obtain TIN							
(explanation required)							
	Status: Account Director Trustee Power of	Partner Executor					

	Third Account Holder/Controlling Person Details						
Full Name: This includes your First Name, Middle Name(s),	○ Mr ○ Ms ○ Mrs ○ Miss ○ Dr ○ Other						
Last Name – please do not use initials or abbreviations.	Full Name:						
Country of Birth: If an Account	Relationship to Client:						
Holder was born in the US but is not a US Citizen, they will need to provide ONE of the following: • A copy of Certificate of Loss of Nationality of the United	Date of Birth: DAY MONTH YEAR Country of Birth:						
States • A reasonable explanation for not holding a Certificate of	Country(s) of Citizenship/Nationality:						
Loss of Nationality A reasonable explanation for not obtaining US Citizenship	Is the Account Holder a Controlling Person? Yes No						
at birth AND provide ONE of the	Occupation:						
following: • An original certified copy	Residential Address:						
of a Passport or Travel Document issued by a Non US Government, the United	Street No./Name:						
Nations or an agency of the United Nations • A copy of a Citizenship Certificate issued by a Non	Suburb/RD No.:						
US Government.	Town/City:	Postcode:					
Controlling Person: Includes all of the following; • For All Trusts: Settlor(s)	Country: New Zealand Other (please state):						
Trustee(s), Beneficial Owner(s), Defined Beneficiaries(s), Director(s) and Management of Trustee Company, Protector	Mailing Address: Same as Residential Address						
For Discretionary Trusts: Any Discretionary Beneficiary for	Street No./Name/PO Box:						
which Forsyth Barr already maintains details of OR Any Discretionary Beneficiary who has received a distribution	Suburb/RD No.: Mail Centre:						
from the Trust. • For a Company: Director(s), Management Shareholders	Town/City:	Postcode:					
with more than a 25% ownership stake For a Partnership: Partner(s) For an Incorporated	Country: New Zealand Other (please state):						
Association or Registered Co-op: Chair, Treasurer and/ or Secretary	Phone Work: Phone Home:						
Any Power of Attorney where Forsyth Barr has been notified of the arrangement.	Phone Mobile: Fax:						
Email Address: By providing your email addresses at any place in	Email:						
this form you are consenting to receiving information required to be provided to you under	Tax Details						
the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's products and services by email.	I certify that I am a tax resident in the following country/countries (please select the couldentification Number (TIN) for all that apply):	ntry and supply the Tax					
	New Zealand: (IRD Number)						
Tax Identification Number (TIN):	Australia: (Tax File Number)						
Please supply the country/ countries and TINs of any other countries where you are a tax	United States: (Social Security Nu	ımber)					
resident. IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 45% will be applied.	United Kingdom: (National Insurance	e Number)					
	Other Country (please state):						
	Is the Account Holder a United States Person? This section must be ticked						
United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your	Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) No						
tax adviser. Potential reasons for not supplying a TIN include: • Country doesn't issue TIN • Country doesn't require TIN collection • Applied for TIN and will supply	If no Tax Identification Number (TIN) is supplied, please state the reason why:						
Cannot obtain TIN (explanation required)							
-	Status: Account Director Trustee Power of Attorney	Partner Executor					

	Fourth Account Holder/	Controlling Perso	n Details						
Full Name: This includes your First Name, Middle Name(s),	○ Mr ○ Ms	Mrs	Miss	O Dr	Other				
Last Name – please do not use initials or abbreviations.	Full Name:								
Country of Birth: If an Account	Relationship to Client:								
Holder was born in the US but is not a US Citizen, they will need to provide ONE of the following: • A copy of Certificate of Loss of Nationality of the United	Date of Birth:	MONTH YEA		Country of Bir	th:				
States • A reasonable explanation for	Country(s) of Citizenship	/Nationality:							
not holding a Certificate of Loss of Nationality • A reasonable explanation for not obtaining US Citizenship	Is the Account Holder a 0	Controlling Perso	n?	Yes (No				
at birth AND provide ONE of the	Occupation:								
following: • An original certified copy	Residential Address:								
of a Passport or Travel Document issued by a Non US Government, the United	Street No./Name:								
Nations or an agency of the United Nations • A copy of a Citizenship	Suburb/RD No.:								
Certificate issued by a Non US Government.	Town/City:					Postcode:			
Controlling Person: Includes all of the following; • For All Trusts: Settlor(s) Trustee(s), Beneficial Owner(s),	Country: New Ze	aland	Other (ple	ease state):					
Defined Beneficiaries(s), Director(s) and Management of Trustee Company, Protector	Mailing Address:		Same as Resi	dential Address	;				
For Discretionary Trusts: Any Discretionary Beneficiary for	Street No./Name/PO Bo	x:							
which Forsyth Barr already maintains details of OR Any Discretionary Beneficiary who has received a distribution	Suburb/RD No.: Mail Centre:								
from the Trust. • For a Company: Director(s), Management Shareholders	Town/City: Postcode:								
with more than a 25% ownership stake For a Partnership: Partner(s) For an Incorporated	Country: New Ze	aland	Other (ple	ease state):					
Association or Registered Co-op: Chair, Treasurer and/ or Secretary	Phone Work:			Phone Home	<u>:</u> :				
Any Power of Attorney where Forsyth Barr has been notified of the arrangement.	Phone Mobile:			Fax:					
Email Address: By providing your email addresses at any place in	Email:								
this form you are consenting to receiving information required to be provided to you under	Tax Details								
the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's products and services by email.	I certify that I am a tax re Identification Number (T		_	ry/countries (p	please select the cou	ıntry and suppl ^ı	y the Tax		
· · · · · · · · · · · · · · · · · · ·	New Zealand:				(IRD Number)				
Tax Identification Number (TIN):	Australia:				(Tax File Number)				
Please supply the country/ countries and TINs of any other countries where you are a tax	United States:				(Social Security No	umber)			
resident. IRD Number: For New Zealand residents, if a valid IRD Number	Ounited Kingdom:				(National Insuranc	ce Number)			
is not provided, the default withholding tax rate of 45% will be applied.	Other Country (ple	ease state):							
	Is the Account Holder a	Jnited States Per	son? This se	ction must be	ticked	<u> </u>			
United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your	Yes (please complet No	e IRS Form W-9,	available on	request or onl	line at www.irs.gov/	pub/irs-pdf/fw	9.pdf)		
tax adviser. Potential reasons for not supplying a TIN include: Country doesn't issue TIN Country doesn't require	If no Tax Identification N	umber (TIN) is su	pplied, pleas	se state the rea	ason why:				
TIN collection • Applied for TIN and will supply soon • Cannot obtain TIN									
(explanation required)									
	Status: Accoun Holder	t Directo	or 🔘 T	Trustee	Power of Attorney	Partner	Executor		

Section B: Authorised Persons to be added to this account

First Authorised Person Details

This section only needs to be completed if you wish to nominate someone to instruct on your account in addition to the Client(s) recorded in Section A, and anyone previously listed on the account as authorised to provide instructions.

Unless the person being added holds a current Power of Attorney over the Account Holder(s), their instructions will be limited to investment instructions only. As such, any change to account or settlement details will need to be instructed by the Account Holder/Controlling Person.

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

○ Mr ○ Ms ○ Mrs ○	Miss Or	Other
Full Name:		
Relationship to Client:		
Date of Birth: DAY MONTH YEAR	Country of Birth	h:
Country(s) of Citizenship/Nationality:		
Occupation:		
Residential Address:		
Street No./Name:		
Suburb/RD No.:		
Town/City:		Postcode:
Country: New Zealand Otho	er (please state):	
Mailing Address: Same a	s Residential Address	
Street No./Name/PO Box:		
Suburb/RD No.:		Mail Centre:
Town/City:		Postcode:
Country: New Zealand Othe	er (please state):	
Phone Work:	Phone Home:	:
Phone Mobile:	Fax:	
Email:	'	
Tax Details		
This only needs to be completed if you are the pare the Account Holder(s).	nt and/or guardian of a	a Minor, or hold a current Power of Attorney over
I certify that I am a tax resident in the following Identification Number (TIN) for all that apply):	country/countries (ple	ease select the country and supply the Tax
New Zealand:		(IRD Number)
Australia:		(Tax File Number)
United States:		(Social Security Number)
United Kingdom:		(National Insurance Number)

Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other

Email Address: By providing your email addresses at any place in this form you are consenting to receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's products and services by email.

IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 45% will be applied.

countries where you are a tax resident.

United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser.

Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)

Other Country (please state):

Is the Authorised Person a United States Person?

Section B: Authorised Persons to be added to this account

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Email Address: By providing your email addresses at any place in this form you are consenting to receiving information required

to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's products and services by email.

Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other countries where you are a tax resident. IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 45% will

United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your

be applied.

tax adviser.

Full Name: Relationship to Client: Date of Birth: Daw Month: D	Mr Ms	Mrs	Miss	Dr Othe	er
Date of Birth: DAY MONTH VIAR	Full Name:				
Country(s) of Citizenship/Nationality: Occupation: Residential Address: Street No./Name: Suburb/RD No.: Town/City: New Zealand Other (please state): Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). Lecriffy that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) United States: Other Country (please state): (National Insurance Number) Other Country (please state): (National Insurance Number)	Relationship to Client:				
Occupation: Residential Address: Street No./Name: Suburb/RD No.: Town/City: Postcode: Country: New Zealand Other (please state): Mailing Address: Same as Residential Address Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Irax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)		MONTH YEAR	Country o	f Birth:	
Residential Address: Street No./Name: Suburb/RD No.: Town/City: Postcode: Country: New Zealand Other (please state): Mailing Address: Same as Residential Address Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Tax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Country(s) of Citizenship	p/Nationality:			
Street No./Name: Suburb/RD No.: Town/City:	Occupation:				
Suburb/RD No.: Town/City: Postcode: Country: New Zealand Other (please state): Mailing Address: Same as Residential Address Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Tox File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Residential Address:				
Town/City: Other (please state): Mailing Address: Same as Residential Address Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Inax File Number) United States: (Social Security Number) Other Country (please state):	Street No./Name:				
Country: New Zealand Other (please state): Mailing Address: Same as Residential Address Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TTIN) for all that apply): New Zealand: (IRD Number) Australia: (Tax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Suburb/RD No.:				
Mailing Address: Same as Residential Address Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Itax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Town/City:				Postcode:
Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Irax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Country: New Z	ealand C	other (please state)	:	
Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Irax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Mailing Address:	Sam	ne as Residential Ad	dress	
Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Tax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)		ox:			
Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Tax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Suburb/RD No.:			Mail Centre	:
Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Tax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Town/City:				Postcode:
Phone Work: Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Irax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)					1 osteode.
Phone Mobile: Fax: Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney or the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Tax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Country: New Zo	ealand	ther (please state)	:	
Email: Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney of the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Irax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Phone Work:		Phone I	Home:	
Tax Details This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney of the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) United States: (Social Security Number) United Kingdom: (National Insurance Number)	Phone Mobile:		Fax:		
This only needs to be completed if you are the parent and/or guardian of a Minor, or hold a current Power of Attorney of the Account Holder(s). I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): New Zealand: (IRD Number) Australia: (Social Security Number) United States: (National Insurance Number) Other Country (please state):	Email:				
New Zealand: (IRD Number) Australia: (Tax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number) Other Country (please state):	This only needs to be con the Account Holder(s). I certify that I am a tax r	resident in the followin	ng country/countr		
Australia: (Tax File Number) United States: (Social Security Number) United Kingdom: (National Insurance Number) Other Country (please state):		Thy for all that appryy.		(IRD Number)	
United States: (Social Security Number) United Kingdom: (National Insurance Number) Other Country (please state):					er)
United Kingdom: (National Insurance Number) Other Country (please state):					
Other Country (please state):					
	Onited Kingdom:			(National Insur	ance Number)
Is the Authorised Person a United States Person?	Other Country (p	lease state):			

Section C: Trustee Company to be added to this account

Trustee Company Details (if applicable)

Company Name:			
Trading Name (if applicable):			
Company Registration Number:			
Country of Incorporation or Registration:			
Principal Business or Registered Office Address:			
Street No./Name:			
Suburb/RD No.:			
Town/City:			Postcode:
Country: New Zealand Other (ple	ease state):		
Mailing Address:			
Street No./Name/PO Box:			
Suburb/RD No.:		Mail Centre:	
Town/City:			Postcode:
Country: New Zealand Other (ple	ease state):		
Phone Work:	Phone Mobile:		
Email:			
Is the Trustee Company a Financial Institution? A "Financial Institution" could include trustee corpora However, it will exclude lawyers or accountants acting companies which are only a trustee of a single trust. If in doubt, please confirm the classification with an A	g as a trustee in a	personal capacity	y, it will also exclude trustee
Yes, the Trustee Company is a Financial Institution	on:		
Please write the Financial Institution's name and G	IIN below		
Financial Institution's Name:			
Financial Institution's GIIN:			
Has the Trustee Company agreed to sponsor or o	document the Tru	st? Ye	s No
No, the Trustee Company is not a Financial Institut	ion.		

Global Intermediary Identification Numbers (GIINs): Assigned to Financial Institutions and sponsoring entities for purposes of identifying their registration status with the IRS under FATCA.

Principal Business or Registered Office Address: This address should match what is recorded on the Companies Register.

Trustee Company Details (Continued)

Company Authorised Person:		
Position:		
Date of Birth:	Country of Birth:	
DAY MONTH YEAR		
Country(s) of Citizenship/Nationality:		
Residential Address:		
Street No./Name:		
Suburb/RD No.:		
Town/City:		Postcode:
Country: New Zealand Other (ple	ease state):	
Mailing Address:		
Street No./Name/PO Box:		
Suburb/RD No.:	Mail Centre:	
Subulb/ND No	Mail Certife.	
Town/City:		Postcode:
Country: New Zealand Other (pl	ease state):	
Phone Work:	Phone Home:	
PHONE VVOIK:	гноне поше:	
Phone Mobile:		
Friorie Mobile.	Fax:	
Email:	Fax:	

	First Director of Truste	e Company or Manage	ment of	Trustee C	Compan	У					
Full Name: This includes your First Name, Middle Name(s),	Mr Ms	Mrs	Miss		Dr		Other				
Last Name – please do not use initials or abbreviations.	Full Name:										
Country of Birth: If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:	Date of Birth:	Y MONTH YEAR		Country o	of Birth:						
A copy of Certificate of Loss of Nationality of the United States	Country(s) of Citizensh	ip/Nationality:									
A reasonable explanation for not holding a Certificate of Loss of Nationality	Tax Details										
 A reasonable explanation for not obtaining US Citizenship at birth AND provide ONE of the following: 	I certify that I am a tax Identification Number (_	ry/countri	ies (plea	ase sele	ct the co	untry ar	nd suppl	y the ⁻	Tax
 An original certified copy of a Passport or Travel Document issued by a Non 	New Zealand:					(IRD Nu	mber)				
US Government, the United Nations or an agency of the United Nations A copy of a Citizenship	Australia:					(Tax File	: Number)				
Certificate issued by a Non US Government.	United States:					(Social S	Security N	umber)			
Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries	Onited Kingdom:					(Nation	al Insuran	ce Num	ber)		
where you are a tax resident. IRD Number: For New Zealand residents, if a valid IRD Number is not	Other Country (please state):									
provided, the default withholding tax rate of 45% will be applied.	Is the Trustee Company Director a United States Person? This section must be ticked.										
United States Person: A United States Person can include US	Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)										
citizens, US tax residents and persons born in the US. If you are unsure, you should contact your	○ No										
tax adviser.	Is the Trustee Company Director an Authorised Person on the account? Yes No										
	(Please tick 'Yes' if you are intending to provide investment instructions on this account)										
Г	Residential Address:										
	Street No./Name:										
	Suburb/RD No.:										
	Town/City:							Post	code:		
	Country: New Zealand Other (please state):										
	Mailing Address: Same as Residential Address										
	Street No./Name/PO Box:										
	Suburb/RD No.:					Mail Centre:					
	Town/City: Postcode:										
Email Address: By providing your	Country: New Zealand Other (please state):										
this form you are consenting to receiving information required	Phone Work:			Phone H	Home:						
to be provided to you under the relevant legislation by email (where permitted) and receiving	Phone Mobile:			Fax:							
information about Forsyth Barr's											

products and services by email.

Email:

	Second Director of Iru	stee Company or Managemen	t of Irustee Com	pany				
Full Name: This includes your First Name, Middle Name(s),	Mr Ms	Mrs Miss	O Dr	Other				
Last Name – please do not use initials or abbreviations.	Full Name:							
Country of Birth: If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:	Date of Birth:		Country of Birth	:				
A copy of Certificate of Loss of Nationality of the	Country(s) of Citizensh	ip/Nationality:						
United States A reasonable explanation for not holding a Certificate of Loss of Nationality A reasonable explanation for not obtaining US Citizenship	Tax Details I certify that I am a tax	resident in the following count	ry/countries (ple	ease select the cou	untry and supply the Tax			
at birth AND provide ONE of the following:	Identification Number	(TIN) for all that apply):						
 An original certified copy of a Passport or Travel Document issued by a Non US Government, the United 	New Zealand:			(IRD Number)				
Nations or an agency of the United Nations • A copy of a Citizenship	Australia:			(Tax File Number)				
Certificate issued by a Non US Government.	United States:			(Social Security Nu	umber)			
Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.	United Kingdom:			(National Insuranc	ce Number)			
IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax	Other Country	please state):						
rate of 45% will be applied. United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser.	Is the Trustee Company Director a United States Person? This section must be ticked. Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) No Is the Trustee Company Director an Authorised Person on the account? Yes No (Please tick 'Yes' if you are intending to provide investment instructions on this account)							
	Residential Address:							
	Street No./Name:							
	Suburb/RD No.:							
	Town/City:				Postcode:			
	Country: New 2	Zealand Other (ple	ease state):					
	Mailing Address: Same as Residential Address							
	Street No./Name/PO Box:							
	Suburb/RD No.: Mail Centre:							
	Town/City: Postcode:							
Email Address: By providing your	Country: New 2	Zealand Other (ple	ease state):					
email addresses at any place in this form you are consenting to receiving information required	Phone Work:		Phone Home:					
to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's	Phone Mobile:		Fax:					
products and services by email.	Email:							

	Third Director of Truste	e Company or Man	agement o	of Trustee Comp	any					
Full Name: This includes your First Name, Middle Name(s),	○ Mr ○ Ms	Mrs	O Miss	Dr .		Other				
ast Name – please do not ise initials or abbreviations.	Full Name:									
Country of Birth: If an Account Holder/Controlling Person was sorn in the US but is not a US Citizen, they will need to provide DNE of the following:	Date of Birth:	MONTH YEAR		Country of Birtl	n:					
A copy of Certificate of Loss of Nationality of the	Country(s) of Citizenshi	p/Nationality:								
United States A reasonable explanation for not holding a Certificate of Loss of Nationality	Tax Details									
A reasonable explanation for not obtaining US Citizenship at birth AND provide ONE of the following:	I certify that I am a tax I Identification Number (try/countries (pl	ease select	the coun	try and su	pply the	е Тах	
AND provide ONE of the following: An original certified copy of a Passport or Travel Document issued by a Non	New Zealand:				(IRD Num	ber)				
US Government, the United Nations or an agency of the United Nations A copy of a Citizenship	Australia:				(Tax File N	lumber)				
Certificate issued by a Non US Government.	Ounited States:				(Social Sec	curity Nun	nber)			
Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.	Ounited Kingdom:				(National	Insurance	Number)			
RD Number: For New Zealand esidents, if a valid IRD Number is not provided, the default withholding tax	Other Country (p	olease state):								
ate of 45% will be applied. United States Person: A United states Person can include US ittzens, US tax residents and persons born in the US. If you are unsure, you should contact your ax adviser.	Is the Trustee Company Director a United States Person? This section must be ticked. Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) No Is the Trustee Company Director an Authorised Person on the account? Yes No (Please tick 'Yes' if you are intending to provide investment instructions on this account)									
_	Residential Address:									
	Street No./Name:									
	Suburb/RD No.:									
	Town/City:						Postcode	:		
	Country: New Z	Zealand	Other (ple	ease state):						
	Mailing Address: Same as Residential Address									
	Street No./Name/PO Box:									
	Suburb/RD No.: Mail Centre:					entre:				
	Town/City:						Postcode:			
Email Address: By providing your	Country: New Zealand Other (please state):									
email addresses at any place in his form you are consenting to eceiving information required	Phone Work:			Phone Home:			_			
o be provided to you under he relevant legislation by email where permitted) and receiving nformation about Forsyth Barr's	Phone Mobile:			Fax:						
products and services by email.	Email:									

	Fourth Director of Trus	tee Company or M	anagement	of Trustee Com	pany					
Full Name: This includes your First Name, Middle Name(s),	Mr Ms	Mrs	Miss	Dr .		Other				
ast Name – please do not use initials or abbreviations.	Full Name:									
Country of Birth: If an Account Holder/Controlling Person was sorn in the US but is not a US Citizen, they will need to provide DNE of the following:	Date of Birth:	MONTH YEA	I.R	Country of Birth	n:					
A copy of Certificate of Loss of Nationality of the	Country(s) of Citizenshi	p/Nationality:								
United States A reasonable explanation for not holding a Certificate of Loss of Nationality	Tax Details									
A reasonable explanation for not obtaining US Citizenship at birth AND provide ONE of the following:	I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):									
AND provide ONE of the following: An original certified copy of a Passport or Travel Document issued by a Non	New Zealand:				(IRD Nu	mber)				
US Government, the United Nations or an agency of the United Nations A copy of a Citizenship	Australia:				(Tax File Number)					
Certificate issued by a Non US Government.	Ounited States:				(Social Security Number)					
Fax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.	Ounited Kingdom:				(National Insurance Number)					
RD Number: For New Zealand esidents, if a valid IRD Number is not provided, the default withholding tax	Other Country (p	olease state):								
ate of 45% will be applied. United States Person: A United states Person can include US itizens, US tax residents and bersons born in the US. If you are unsure, you should contact your ax adviser.	Yes (please comple No Is the Trustee Company (Please tick 'Yes' if you are in	ete IRS Form W-9, a	available or rised Perso	request or onlin	ne at www		oub/irs-pdf	/fw9.pc	lf)	
Г	Residential Address:									
	Street No./Name:									
	Suburb/RD No.:									
	Town/City:						Postcode	e:		
	Country: New Zealand Other (please state):									
Email Address: By providing your mail addresses at any place in his form you are consenting to eceiving information required o be provided to you under he relevant legislation by email where permitted) and receiving	Mailing Address: Same as Residential Address									
	Street No./Name/PO Box:									
	Suburb/RD No.: Mail Centre:									
	Town/City:					Postcode:				
	Country: New Zealand Other (please state):									
	Phone Work: Phone Home:									
	Phone Mobile: Fax:									
nformation about Forsyth Barr's products and services by email.	Email:									

	Fifth Director of Ir	ustee Company or Ma	nagement of	Trustee Compa	any				
Full Name: This includes your First Name, Middle Name(s),	O Mr	Ms Mrs	Miss	O Dr	Ot	:her			
ast Name – please do not use initials or abbreviations.	Full Name:								
Country of Birth: If an Account Holder/Controlling Person was sorn in the US but is not a US Citizen, they will need to provide DNE of the following:	Date of Birth: DAY MONTH YEAR Country of Birth:								
A copy of Certificate of Loss of Nationality of the United States	Country(s) of Citize	enship/Nationality:							
A reasonable explanation for not holding a Certificate of Loss of Nationality A reasonable explanation for	Tax Details								
not obtaining US Citizenship at birth	I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):								
AND provide ONE of the following: An original certified copy of a Passport or Travel					(IDD Noveless	۸			
Document issued by a Non US Government, the United	New Zealand:				(IRD Number)			
Nations or an agency of the United Nations A copy of a Citizenship	Australia:				(Tax File Nun	nber)			
Certificate issued by a Non US Government.	United States:	United States: (Social Security Number)							
Fax Identification Number (TIN): Please supply the country/countries and TINs of any other countries	United Kingdo	om:			(National Insurance Number)				
where you are a tax resident. RD Number: For New Zealand esidents. if a valid IRD Number is not	Other Coun	ntry (please state):							
provided, the default withholding tax ate of 45% will be applied.									
United States Person: A United States Person can include US	Is the Trustee Company Director a United States Person? This section must be ticked.								
citizens, US tax residents and persons born in the US. If you are	Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)								
ınsure, you should contact your ax adviser.	○ No								
	Is the Trustee Company Director an Authorised Person on the account? (Please tick 'Yes' if you are intending to provide investment instructions on this account)								
	Residential Address:								
	Street No./Name:								
	Suburb/RD No.:								
	Town/City:				Postc	Postcode:			
	Country: New Zealand Other (please state):								
	Mailing Address: Same as Residential Address								
Email Address: By providing your mail addresses at any place in his form you are consenting to eceiving information required o be provided to you under he relevant legislation by email where permitted) and receiving	Street No./Name/PO Box:								
	Suburb/RD No.: Mail Centre:								
	Town/City:				Postc	Postcode:			
	Country: New Zealand Other (please state):								
	Phone Work: Phone Home:								
	Phone Mobile: Fax:								
nformation about Forsyth Barr's products and services by email.	Email:								
	EIIIGII.								

	Sixth Director of Trusto	ee Company or Management o	f Trustee Compa	ny				
ull Name: This includes your irst Name, Middle Name(s),	Mr Ms	Mrs Miss	O Dr	Other				
ast Name – please do not se initials or abbreviations.	Full Name:							
ountry of Birth: If an Account lolder/Controlling Person was orn in the US but is not a US litizen, they will need to provide DNE of the following:	Date of Birth: Country of Birth: DAY MONTH YEAR							
A copy of Certificate of Loss of Nationality of the	Country(s) of Citizensh	ip/Nationality:						
United States A reasonable explanation for not holding a Certificate of Loss of Nationality A reasonable explanation for not obtaining US Citizenship at birth ND provide ONE of the following:	Tax Details I certify that I am a tax Identification Number	resident in the following count (TIN) for all that apply):	try/countries (ple	ase select the cou	untry and supply	the Tax		
An original certified copy of a Passport or Travel Document issued by a Non US Government, the United	New Zealand:			(IRD Number)				
Nations or an agency of the United Nations A copy of a Citizenship	Australia:			(Tax File Number)				
Certificate issued by a Non US Government. ax Identification Number (TIN):	United States:			(Social Security Number)				
lease supply the country/countries and TINs of any other countries where you are a tax resident.	United Kingdom:			(National Insurance Number)				
RD Number: For New Zealand esidents, if a valid IRD Number is not rovided, the default withholding tax	Other Country (please state):						
tate of 45% will be applied. Inited States Person: A United tates Person can include US titzens, US tax residents and ersons born in the US. If you are nsure, you should contact your ax adviser.	Yes (please comple No Is the Trustee Company (Please tick 'Yes' if you are in	y Director a United States Perse ete IRS Form W-9, available on y Director an Authorised Perso ntending to provide investment instru	request or online	e at www.irs.gov/ _l	pub/irs-pdf/fw9.	pdf)		
	Residential Address: Street No. (Name:							
	Street No./Name:							
	Suburb/RD No.:							
	Town/City: Postcode:							
mail Address: By providing your mail addresses at any place in his form you are consenting to eceiving information required to be provided to you under he relevant legislation by email where permitted) and receiving formation about Forsyth Barr's	Country: New Zealand Other (please state):							
	Mailing Address: Same as Residential Address							
	Street No./Name/PO Box:							
	Suburb/RD No.: Mail Centre:							
	Town/City: Postcode:							
	Country: New Zealand Other (please state):							
	Phone Work: Phone Home:							
	Phone Mobile: Fax:							
roducts and services by email.	Email:							

Section D: Listed Entity Director/Officer Details Is the Director/Partner/Officer/Trustee/Executor/Authorised Person a Director or Yes No Officer of an entity that has securities listed on any Recognised Securities Exchange? If 'Yes', please complete the Director/Officer details below. **Listed Entity Director/Officer Details** Director/Officer Name: Relationship to Listed Entity: Listed Entity Name: Director/Officer Name: Relationship to Listed Entity: Listed Entity Name: Director/Officer Name: Relationship to Listed Entity: Listed Entity Name: **Section E:** Politically Exposed Persons Is the Director/Partner/Officer/Trustee/Executor/Authorised Person either:

Prominent Public Function: e.g. head of a country, government minister, senior politician, senior Judge, governor of a central bank, ambassador, high commissioner, high-ranking member of the armed forces, or senior position in a State enterprise.

an individual who holds, or has held at any time in the preceding 12 months, a prominent public function in any country (other than New Zealand); or

an immediate family member of a person referred to above, including a spouse, partner, child, child's spouse/partner or a parent.

If 'Yes', please provide details of the public function held and the country:

Section F: Change of Address Details

If the main contact details including residential/postal and email addresses are changing on this account due to the removal of an Account Holder, Director, Trustee, Trustee Company, Executor, Power of Attorney, Partner or Authorised Person, please also complete Section G on page 18.

New Residential Address

products and services by email.

Name: Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee. Status: Residential Address: Street No./Name: Suburb/RD No.: Postcode: Town/City: Country: If you are changing Country: New Zealand Other (please state): your country of residence, please ensure you complete the Change of Tax Details section on page 1 **New Mailing Address** Name: **Status:** e.g. Account Holder, Authorised Person, Director, Status: Partner, Trustee. Mailing Address: Same as Residential Address Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: If you are changing your country of residence, please ensure you complete the Change of Tax Details section on page 1 New Zealand Country: Other (please state): **Email Address** Email Address: By providing your email addresses at any place in this form you are consenting to receiving information required to be provided to you under Previous Email Address: the relevant legislation by email (where permitted) and receiving New Email Address: information about Forsyth Barr's

Section G: Account Holder/Authorised Person to be removed from this account

	First Account Holder/Controlling Person/Authorised Person						
ull Name: This includes your rst Name, Middle Name(s), ast Name – please do not se initials or abbreviations.	○ Mr ○ Ms ○ Mrs ○ Miss ○ Dr ○ Other						
	Full Name:						
	Relationship to Client:						
	Status: Account Holder Director Trustee Trustee Company						
	Executor Power of Attorney Partner Authorised Person						
ull Name: This includes your rst Name, Middle Name(s), ast Name – please do not se initials or abbreviations.	Second Account Holder/Controlling Person/Authorised Person						
	○ Mr ○ Ms ○ Mrs ○ Miss ○ Dr ○ Other						
	Full Name:						
	Relationship to Client:						
	Status: Account Holder Director Trustee Trustee Company						
	Executor Power of Attorney Partner Authorised Person						

Section H: Identification Requirements

We are required by law to verify the Client's identity, and that of the person (s) authorised to act on the Client's behalf. These procedures are in place to protect the entity and to ensure that transactions are being effected appropriately. Accordingly, please provide the required identification and address verification for each person listed below. Without this information we are unable to update the account.

Authorised Person/Director/Trustee/Executor/Power of Attorney/Partner/Director of Trustee Company

Option A: An original certified copy of any one of the following:

- Current Passport
- Current New Zealand Firearms Licence
- Foreign National Identity Card

showing full name, date of birth, signature, and photograph

Option B: An original certified copy of a combination of a:

- Current New Zealand Driver Licence (showing both sides of the Licence) Plus one of the following:
- Birth Certificate or Citizenship Certificate
- Document issued by a registered bank showing the person's full name and signature (e.g. credit/debit card, eftpos card)
- Bank statement issued by a registered bank (as delivered by mail, not via internet banking) dated within the last 12 months
- Government agency document that contains the person's full name and signature (e.g. SuperGold Card)
- Government agency statement (e.g. IRD statement) dated within the last 12 months

For verification of residential address we need a copy of one of the following:

- Utility or Rates bill
- Telephone bill
- Bank Statement*
- Government Agency Statement* (e.g. IRD Statement)
- Electoral Roll
- Insurance Policy
- Share Registry Statement
- Credit Card Statement
- Online White Pages (http://whitepages.co.nz/)

Documentation must be dated within the last 12 months and include the client's residential address. Copies do not need to be certified (i.e. internet statements are acceptable).

Company/Incorporated Society/Incorporated Charitable Trust (only)

Confirmation of Directors from an official/independent source (original certified copy if Entity is incorporated outside New Zealand)

Trust account (only)

An original certified copy of the relevant pages of the Trust Deed and/or any resolutions evidencing any amendments, such as Deed of Retirement/Deed of Reappointment of Trustees.

Trustee Company (if applicable)

- Certificate of Incorporation (original certified copy if the Trustee Company is incorporated outside New Zealand) Confirmation of Directors from an official/independent source (original certified copy if the Trustee Company is
 - incorporated outside New Zealand)

Partnership/Unincorporated Association account (only)

An original certified copy of the relevant pages of the Partnership Deed/Agreement, and any resolutions evidencing any amendments

Documents provided must be certified

The copies provided must be certified by a trusted referee. Alternatively, you can provide original documents to a Forsyth Barr Investment Adviser for verification.

A trusted referee must be at least 16 years old and must be one of the following:

- Commonwealth representative
- Member of the New Zealand Police
 Minister of Religion
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- Lawyer
- Notary Public
- New Zealand Honorary Consul
- Member of Parliament
- Chartered Accountant
- Kaumatua

The trusted referee must not be:

- Related to the named individual
- The spouse or partner of the named individual
- A person who lives at the same address as the named individual
- A person involved in the transaction or business requiring the certification

The trusted referee must sight the original document, and provide a written statement to the effect that the copy provided is a true and correct copy and represents the individual's identity.

Certification must include the name, occupation, and signature of the trusted referee and the date of confirmation, and must have been carried out in the last three months.

We may require additional information and/or documentation from you in order to meet the requirements of the Anti-Money Laundering and Countering the Financing of Terrorism Act 2009. We will notify you if we require anything further.

* Not required if already provided under Option B.

Firearms Licence: If you provide

provide a certified copy of a NZ

Driver Licence or card issued by a registered bank showing your

name and signature in order for

Client Agreement.

us to verify your signature on this

us with a certified copy of a Firearms Licence, please also

- Official/independent source: e.g. lawver, accountant, company registry, financial accounts.
- Official/independent source: e.g. lawyer, accountant, company registry, financial accounts.

Section I: Declaration and Signatures

By signing this Form I/we agree as follows:

- I/We confirm that all the details set out in this form are correct and not misleading (including by omission).
- I/We agree that I/we have received copies of the Forsyth Barr Limited Terms and Conditions, and the Scope of Service applicable to my account.
- I/We agree that I/we have received a copy of the Advice Information Statement applicable to my account.
- I/We agree to all the Terms and Conditions set out in Part B of the Client Agreement.
- I/We agree that I/we have not been declined service by any other Financial Services Providers or been declared bankrupt.
- I/We authorise that any person named as a person authorised to act on my/our behalf may give instructions to transact any Securities business on my/our behalf.
- I/We agree that where there is more than one of us, the instructions of any one of us will be sufficient authority for you to act on those instructions.
- I/We confirm that we have read Part B: Terms and Conditions, especially Section E: Basis of Service, and Risks of Investing.
- I/We confirm that Forsyth Barr Limited has drawn my/ our attention to Section A, Clause 8 (Bringing Orders to Market) contained in Part B: Terms and Conditions.

Instructions for Signing

- Every new Account Holder/Authorised Person must sign below
- At least two Directors must sign on behalf of a Trustee Company, unless the Trustee Company only has one Director in which case the Director's signature must be witnessed as set out over the page
- Where a person signs on behalf of another as their Attorney, an original certified copy of the Power of Attorney
 must be provided, and a signed and completed certificate of non-revocation of power of attorney must
 accompany this Addition/Removal Form.

Name:	Name:				
Signature:	Signature:				
Date: DAY MONTH YEAR	Date: DAY MONTH YEAR				
Name:	Name:				
Signature:	Signature:				
Date: DAY MONTH YEAR	Date: DAY MONTH YEAR				
Signature of Existing Account Holders All Account Holders must sign below					
Name:	Name:				
Signature:	Signature:				
Date: DAY MONTH YEAR	Date: DAY MONTH YEAR				
Name:	Name:				
Signature:	Signature:				
Date: DAY MONTH YEAR	Date: DAY MONTH YEAR				

Section I: Declaration and Signatures (continued)

Witness (if a Trustee Company has only one Director then the Director's signature must be witnessed as set out below)

Name of Witness:						
Occupation:						
Address:						
Street No./Name/PO Box:						
Suburb/RD No.:	Mail	Centre:				
Town/City:			Postco	de:		
Signature:	Date:					
		DAY	MONTH		YEAR	

Certificate of Non-revocation of Enduring Power of Attorney

Section 103C, Protection of Personal and Property Rights Act 1988

Complete this Certificate to advise us that an Enduring Power of Attorney is still in place at the time of making any requests or signing any document when acting under the Enduring Power of Attorney. If you have any questions, please ask your Investment Adviser or contact us on 0800 367 227.

Attorney Details

Country:

Phone Work:

Phone Mobile:

Email:

New Zealand

Complete this part to let us know the current details of the person who has been assigned the Enduring Power of Attorney.

Name: Mailing Address (Attorney): This Mailing Address: is the address of the person who has been assigned the Enduring Street No./Name/PO Box: Power of Attorney. Mailing Address (Appointor): This is the address of the person who has appointed the Attorney. Suburb/RD No.: Mail Centre: Town/City: Postcode: Country: New Zealand Other (please state): Phone Work: Phone Home: Phone Mobile: Fax: Email: **Appointor Details** Complete this part to let us know the current details of the person who appointed you as their Attorney. Mailing Address: Street No./Name/PO Box: Suburb/RD No.: Mail Centre: Town/City: Postcode:

Other (please state):

Phone Home:

Fax:

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Certificate

I (Full Name):	
(Address):	
(Occupation):	
certify that — 1. (Strike out the statement that does not apply) On	the Appointor granted to me an Enduring Power of Attorney to act in relation to his/her property.
DAY MONTH YEAR OR	
On DAY MONTH YEAR	the Appointor granted to me an Enduring Power of Attorney to act in relation to his/her personal care and welfare and his/her property.
2. I have not received notice of an event revok	ing my authority to act under the Enduring Power of Attorney.
3. I have not received written notice from the A Enduring Power of Attorney.	Appointor suspending my authority to act under the
Signature:	Date:
	DAY MONTH YEAR
Place this declaration was made (e.g. City):	

An event revoking the Enduring Power of Attorney means any event described in section 106(1) of the Protection of Personal and Property Rights Act 1988 ("Act") in which the Enduring Power of

- in which the Enduring Power of Attorney ceases to have effect, including:

 The Appointor dies

 The Appointor revokes the Enduring Power of Attorney by notice in writing to the Attorney while mentally capable of doing so

 The Enduring Power of Attorney is revoked by a notice in connection with a
- notice in connection with a subsequent Enduring Power of Attorney given in the manner set out in section 95A of the Act
- The Attorney gives notice of disclaimer in accordance with section 104 of the Act The Attorney dies, or is adjudged bankrupt, or becomes subject to
- is adjudged bankrupt, or becomes subject to compulsory treatment or a special patient under the Mental Health (Compulsory Assessment and Treatment) Act 1992, or becomes subject to a personal order or a property order under the Act, or otherwise becomes increable of acting
- Act, or otherwise becomes incapable of acting A Court revokes the appointment of the Attorney under section 105 of the Act.