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	ete the Account Details section be	low:	
Account Number: Please note				
your Forsyth Barr account number can be up to ten characters long.	t Numb	er:		
To add a new Account Holder* (excluding a Trustee Company) to your account, please go to Section A (page 2).		To add an Authorised Person ^{**} to your account, please go to Section B (page 6).	\longrightarrow	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) 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	United Kingdom: (National Insurance	e Number)							
is not provided, the default 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 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/p	oub/irs-pdf/fw9.pdf)							
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							

	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	for Is the Account Holder a Controlling Person? Yes No							
at birth AND provide ONE of the								
following: • An original certified copy								
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 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	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/	oub/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	If no Tax Identification Number (TIN) is supplied, please state the reason why:							
TIN collection • 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) 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) 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 resident.	United States: (Social Security Nu	ımber)							
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):								
H. S. LOVA B. ALL S. L.	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/p	oub/irs-pdf/fw9.pdf)							
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:								
soon • Cannot obtain TIN (explanation required)									
_	Status: Account Director Trustee Power of Attorney	Partner Executor							

	Fourth Account Holder/	Controlling Perso	on Details					
Full Name: This includes your First Name, Middle Name(s),	e, Middle Name(s),							
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	Date of Birth:	MONTH YE		Country of Birth	1:			
of Nationality of the United States • A reasonable explanation for	Country(s) of Citizenship/Nationality: for Is the Account Holder a Controlling Person? Yes No							
not holding a Certificate of Loss of Nationality • A reasonable explanation for								
not obtaining US Citizenship at birth	Occupation:							
AND provide ONE of the following:	Residential Address:							
An original certified copy 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	ealand	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 which Forsyth Barr already	Street No./Name/PO Bo	OX:						
maintains details of OR Any Discretionary Beneficiary who has received a distribution	Suburb/RD No.:							
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 this form you are consenting to	Email:							
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 r Identification Number (T			ry/countries (pl	ease select the cou	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	Ounited States:				(Social Security No	ımber)		
resident. IRD Number: For New Zealand residents, if a valid IRD Number	Ounited Kingdom:				(National Insuranc	e Number)		
is not provided, the default withholding tax rate of 45% will be applied.	Other Country (pl	ease state):						
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. Potential reasons for not supplying a TIN include: • Country doesn't issue TIN • Country doesn't require TIN collection	Is the Account Holder 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.pd							
Applied for TIN and will supply soon								
Cannot obtain TIN (explanation required)								
_	Status: Accour	nt Directo	or 0	Trustee	Power of O	Partner Executor		

Attorney

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.

O Mr	Ms	liss Or	Other
Full Name:			
Relationship to Clie	nt:		
Date of Birth:		Country of Birt	:h:
	DAY MONTH YEAR		
Country(s) of Citizer	nship/Nationality:		
Occupation:			
Residential Address:			
Street No./Name:			
Suburb/RD No.:			
Town/City:			Postcode:
Country: Ne	ew Zealand Other	(please state):	
Mailing Address:	Same as I	Residential Address	
Street No./Name/P	О Вох:		
Suburb/RD No.:			Mail Centre:
Town/City:			Postcode:
Country: Ne	ew Zealand Other	(please state):	
Phone Work:		Phone Home	:
Phone Mobile:		Fax:	
Email:			
Tax Details			
This only needs to be the Account Holder(s		and/or guardian o	f a Minor, or hold a current Power of Attorney over
	tax resident in the following co per (TIN) for all that apply):	untry/countries (p	lease select the country and supply the Tax
New Zealand:			(IRD Number)
Australia:			(Tax File Number)
United States:			(Social Security Number)
United Kingdo	m.		(National Insurance Number)

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

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.

Is the Authorised Person a United States Person?

Other Country (please state):

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.

Mr Ms	() r	Иrs		Miss	; (O Dr		$\supset \Gamma$	Othe	er					
Full Name:															
Relationship to Client:															
Date of Birth:	MONTH	YE	AR		Coun	try of B	irth:								
Country(s) of Citizenship)/Nationali	ty:													
Occupation:															
Residential Address:															
Street No./Name:															
Suburb/RD No.:															
Town/City:											Post	code	e:		
Country: New Zo	ealand		Oth	er (pl	ease s	tate):									
Mailing Address:			Same	as Res	identid	al Addre	ss								
Street No./Name/PO Bo	DX:														
Suburb/RD No.:							M	1ail Ce	entre						
Town/City:											Post	code	e:		
Country: New Zo	ealand		Oth	er (pl	ease s	tate):									
Phone Work:					Pho	one Hor	ne:								
Phone Mobile:					Fax	:									
Email:															
Tax Details															
This only needs to be com	ıpleted if yo	u are tl	he par	ent an	d/or g	uardian	of a Min	or, or l	hold	a cur	rent	Powe	er of A	Attorn	гу о
the Account Holder(s). certify that I am a tax r	esident in t	he folk	owing	coun	trv/co	untries	(nlease s	elect	the o	oun	trv a	nd si	ınnlv	the T	ax
dentification Number (1					/,						,				
New Zealand:							(IRD	Numl	ber)						
Australia:							(Tax	File N	lumb	er)					
United States:							(Soc	ial Sec	curity	Nun	nber)				
United Kingdom:							(Nat	ional I	Insur	ance	Num	ber)			
							_								
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 (plea	ise state):		
Mailing Address:			
Street No./Name/PO Box:			
Suburb/RD No.:		Mail Centre:	
Town/City:			Postcode:
Country: New Zealand Other (plea	ase state):		
Phone Work:	Phone Mobile:		
Email:			
Is the Trustee Company a Financial Institution? A "Financial Institution" could include trustee corporati However, it will exclude lawyers or accountants acting a companies which are only a trustee of a single trust.			
If in doubt, please confirm the classification with an Au	thorised Repres	entative of the Tr	ustee Company.
Yes, the Trustee Company is a Financial Institution	1:		
Please write the Financial Institution's name and GIII	N below		
Financial Institution's Name:			
Financial Institution's GIIN:			
Has the Trustee Company agreed to sponsor or do	ocument the Tru	st? Ye	s No
No, the Trustee Company is not a Financial Institution	n.		

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: 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:							
Town/City:		Postcode:						
Country: New Zealand Other (ple	ease state):							
Phone Work: Phone Home:								
Phone Mobile:	Fax:							
Email:								

	First Director of I	Irustee Company or Mana	agement of	Trustee Compan	У					
Full Name: This includes your First Name, Middle Name(s),	O 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: DAY MONTH YEAR									
A copy of Certificate of Loss of Nationality of the	Country(s) of Citiz	zenship/Nationality:								
A reasonable explanation for not holding a Certificate of Loss of Nationality A reasonable explanation for not obtaining US Citizenship at birth AND provide ONE of the following:		a tax resident in the follo mber (TIN) for all that app	_	ry/countries (plea	ase select the co	untry and suppl	y the Tax			
An original certified copy of a Passport or Travel Document issued by a Non	New Zealand	d:			(IRD Number)					
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	s:			(Social Security N	lumber)				
Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.	United Kingd	dom:			(National Insuran	ce Number)				
IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax	Other Cou	untry (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.	Yes (please co	mpany Director a United S complete IRS Form W-9, a mpany Director an Author u are intending to provide inves	vailable on ised Persor	request or online	at www.irs.gov/	/pub/irs-pdf/fw	9.pdf)			
	Street No./Name:									
	Suburb/RD No.:									
	Town/City:					Postcode:				
	Country:	New Zealand	Other (ple	ase 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 (ple	ase 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:									

	Second Director of Trus	stee Company or I	Managemen	t of Trustee Cor	npany					
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 orn in the US but is not a US Citizen, they will need to provide DNE of the following:	Date of Birth:	MONTH YE	EAR	Country of Birt	h:					
A copy of Certificate of Loss of Nationality of the	Country(s) of Citizenshi	p/Nationality:								
United States L A reasonable explanation for not holding a Certificate of Loss of Nationality A reasonable explanation for act obtaining US Citingship	Tax Details	resident in the fol	lowing coun	try/countries (nl	ease sele	rt the cou	ntry and s	upply th	e Tay	
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):									
 An original certified copy of a Passport or Travel Document issued by a Non US Government, the United 	New Zealand:				(IRD Nu	mber)				
Nations or an agency of the United Nations	Australia:				(Tax File	Number)				
 A copy of a Citizenship Certificate issued by a Non US Government. 	United States:				(Social S	ecurity Nu	mber)			
Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries	United Kingdom:				(Nation	ıl Insuranc	e Number)			
where you are a tax resident. RD Number: For New Zealand esidents, if a valid IRD Number is not	Other Country (p	olease state):								
provided, the default withholding tax ate of 45% will be applied. Jnited States Person: A United states Person can include US titzens, 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? (Please tick 'Yes' if you are intending to provide investment instructions on this account)									
-	Residential Address:									
	Street No./Name:									
	Suburb/RD No.:									
	Town/City:						Postcod	e:		
	Country: New Zealand Other (please state):									
	Mailing Address: Same as Residential Address									
	Street No./Name/PO Box:									
	Suburb/RD No.:				Mail	Centre:				
	Town/City:						Postcod	e:		
Email Address: By providing your	Country: New Z	Zealand	Other (pl	ease 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:									

	Third Director of Truste	ee Company or Management o	of Trustee Compa	ny						
Full Name: This includes your First Name, Middle Name(s),	Mr Ms	Mrs Miss	O Dr	Other						
ast Name – please do not use initials or abbreviations.	Full Name:									
Country of Birth: If an Account Holder/Controlling Person was yorn in the US but is not a US Citizen, they will need to provide DNE of the following:	Date of Birth:		Country of Birth:							
A copy of Certificate of Loss of Nationality of the United States	Country(s) of Citizenshi	p/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 resident in the following country/countries (please select the country and supply the Tax 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.	Onited States:			(Social Security N	umber)					
Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.	Ounited Kingdom:			(National Insurand	ce Number)					
RD Number: For New Zealand esidents, if a valid IRD Number is not provided, the default withholding tax	Other Country (p									
ate of 45% will be applied. Jnited States Person: A United states Person can include US ittzens, US tax residents and persons born in the US. If you are insure, you should contact your ax adviser.	Yes (please comple No Is the Trustee Company	Director a United States Person ete IRS Form W-9, available on Director an Authorised Person Intending to provide investment instru	request or online	e at www.irs.gov/	pub/irs-pdf/fw9.pdf) Yes No					
	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:					
Email Address: By providing your	Country: New Z	Zealand Other (ple	ease 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:							
mornation about 1 013ytl1 Ddl1 5										

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	AR	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):									
 An original certified copy of a Passport or Travel Document issued by a Non 	New Zealand:				(IRD Nui	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.	Onited 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 insure, 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? (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:						Postcode	e:		
	Country: New Zealand Other (please state):									
_	Mailing Address: Same as Residential Address									
Email Address: By providing your email addresses at any place in his form you are consenting to eceiving information required o 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: 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 Truste	ee Company or Management o	f Trustee Compa	ny				
ull Name: This includes your irst Name, Middle Name(s),	Mr Ms	Mrs Miss	Dr 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: DAY MONTH YEAR 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 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	ease select the cou	untry and supply the T	ax		
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.	Onited States:			(Social Security Number)				
ax Identification Number (TIN): lease supply the country/countries nd TINs of any other countries there you are a tax resident.	Onited 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):						
the of 45% will be applied. Inited States Person: A United tates Person can include US litizens, US tax residents and eerson born in the US. If you are nsure, 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? (Please tick 'Yes' if you are intending to provide investment instructions on this account)							
	Residential Address:							
L	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:							

	Sixth Director of Trust	tee Company or Management o	f Irustee Compa	iny				
Full Name: This includes your First Name, Middle Name(s),	Mr Ms	s 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: DAY MONTH YEAR							
A copy of Certificate of Loss of Nationality of the United States	Country(s) of Citizensh	nip/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 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):							
 An original certified copy of a Passport or Travel Document issued by a Non 	New Zealand: (IRD Number)							
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 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)			
RD 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 lax 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? (Please tick 'Yes' if you are intending to provide investment instructions on this account)							
Γ	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:							
Email Address: By providing your	Country: New Zealand Other (please 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:							

Section D: Listed Entity Director/Officer Details Yes Is the Director/Partner/Officer/Trustee/Executor/Authorised Person a Director or 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:) an individual who holds, or has held at any time in the preceding 12 months, a prominent public function in any

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.

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 O Mr () Ms () Mrs () Miss Other Full Name: This includes your First Name, Middle Name(s), Last Name – please do not Full Name: use initials or abbreviations. Relationship to Client: Director Status: Account Holder Trustee Trustee Company Executor Power of Attorney Partner **Authorised Person** Second Account Holder/Controlling Person/Authorised Person Mr Ms Mrs Miss Dr Other Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations. Full Name: Relationship to Client: Account Holder Director Trustee Trustee Company Status: 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 (for landline or broadband only, cannot be used for mobile phone)
 - 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.

Town/City:

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: 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: **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:

Other (please state):

Phone Home:

Fax:

Postcode:

is the address of the person who has been assigned the Enduring Power of Attorney. Mailing Address (Appointor): This

is the address of the person who has appointed the Attorney.

Certificate

l (Full Name):				
(Address):				
(Occupation):				
certify that — 1. (Strike out the statement that does not apply) On DAY MONTH YEAR OR	the Appointor granted to me an Enduring Power of Attorney to act in relation to his/her property.			
On 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 revoking my authority to act under the Enduring Power of Attorney.				
3. I have not received written notice from the answer 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
- Attorney is revoked by 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.