



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.

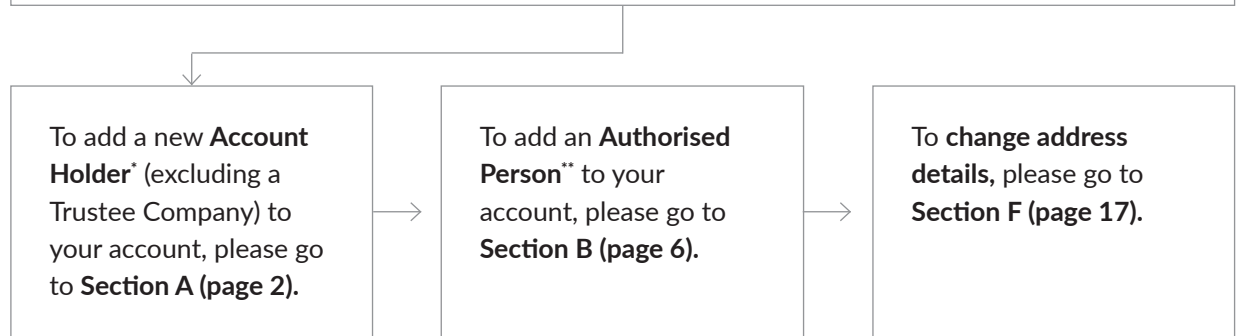
Instructions to complete this form (please read)

For **ALL** account types, please complete the **Account Details** section below:

Account name:

Account Number:

Account Number: Please note your Forsyth Barr account number can be up to ten characters long.



***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.

Section B: Authorised Persons to be added to this account

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.

First Authorised Person Details

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

Mr
 Ms
 Mrs
 Miss
 Dr

Full Name:

Relationship to Client:

Date of Birth:
DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

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):

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.

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 over 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)

Other Country (please state):

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 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 Authorised Person a United States Person?

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

No

Section C: Trustee Company to be added to this account *(continued)*

Trustee Company Details (Continued)

Company Authorised Person:													
Position:													
Date of Birth:	Country of Birth:												
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>DAY</td><td>MONTH</td><td>YEAR</td><td></td><td></td><td></td></tr></table>							DAY	MONTH	YEAR				
DAY	MONTH	YEAR											
Country(s) of Citizenship/Nationality:													
<i>Residential Address:</i>													
Street No./Name:													
Suburb/RD No.:													
Town/City:	Postcode:												
Country: <input type="radio"/> New Zealand <input type="radio"/>	Other (please state):												
<i>Mailing Address:</i>													
Street No./Name/PO Box:													
Suburb/RD No.:	Mail Centre:												
Town/City:	Postcode:												
Country: <input type="radio"/> New Zealand <input type="radio"/>	Other (please state):												
Phone Work:	Phone Home:												
Phone Mobile:	Fax:												
Email:													

Section C: Trustee Company to be added to this account *(continued)*

First Director of Trustee Company or Management of Trustee Company

Mr
 Ms
 Mrs
 Miss
 Dr

Full Name:

Date of Birth:
Country of Birth:

DAY MONTH YEAR

Country(s) of Citizenship/Nationality:

Tax Details

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)
- Other Country (please state):

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 Zealand

Mailing Address: Same as Residential Address

Street No./Name/PO Box:

Suburb/RD No.: Mail Centre:

Town/City: Postcode:

Country: New Zealand

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

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

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:

- A copy of Certificate of Loss of Nationality of the United States
- 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:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

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 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.

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.

Section C: Trustee Company to be added to this account *(continued)*

Second Director of Trustee Company or Management of Trustee Company

Mr
 Ms
 Mrs
 Miss
 Dr

Full Name: This includes your First Name, Middle Name(s), 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:
DAY MONTH YEAR

Country of Birth:

- A copy of Certificate of Loss of Nationality of the United States
 - 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:

Country(s) of Citizenship/Nationality:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

Tax Details

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)

Other Country (please state):

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 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 Zealand

Mailing Address: Same as Residential Address

Street No./Name/PO Box:

Suburb/RD No.: Mail Centre:

Town/City: Postcode:

Country: New Zealand

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

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.

Section C: Trustee Company to be added to this account *(continued)*

Third Director of Trustee Company or Management of Trustee Company

Mr Ms Mrs Miss Dr

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

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:

- A copy of Certificate of Loss of Nationality of the United States
- 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:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

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 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.

Full Name:

Date of Birth:
DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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)
- Other Country (please state): (National Insurance Number)

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 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:

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.

Section C: Trustee Company to be added to this account *(continued)*

Fourth Director of Trustee Company or Management of Trustee Company

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

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:

- A copy of Certificate of Loss of Nationality of the United States
- 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:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

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 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.

Mr Ms Mrs Miss Dr

Full Name:

Date of Birth:
DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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)
- Other Country (please state):

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 Zealand

Mailing Address: Same as Residential Address

Street No./Name/PO Box:

Suburb/RD No.: Mail Centre:

Town/City: Postcode:

Country: New Zealand

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

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.

Section C: Trustee Company to be added to this account *(continued)*

Fifth Director of Trustee Company or Management of Trustee Company

Mr
 Ms
 Mrs
 Miss
 Dr

Full Name:

Date of Birth:
DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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)
- Other Country (please state):

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 Zealand

Mailing Address: Same as Residential Address

Street No./Name/PO Box:

Suburb/RD No.: Mail Centre:

Town/City: Postcode:

Country: New Zealand

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

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

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:

- A copy of Certificate of Loss of Nationality of the United States
- 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:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

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 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.

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.

Section C: Trustee Company to be added to this account *(continued)*

Sixth Director of Trustee Company or Management of Trustee Company

Mr
 Ms
 Mrs
 Miss
 Dr
 Other

Full Name:

Date of Birth:
 Country of Birth:

DAY MONTH YEAR

Country(s) of Citizenship/Nationality:

Tax Details

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)
- Other Country (please state):

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 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:

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

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:

- A copy of Certificate of Loss of Nationality of the United States
 - 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:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

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 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.

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.

Section D: Listed Entity Director/Officer Details

Is the Director/Partner/Officer/Trustee/Executor/Authorised Person a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange?

Yes

No

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

Listed Entity Director/Officer Details

Director/Officer Name:	
Relationship to Listed Entity:	Listed Entity Name:
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 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:

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.

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 17.

New Residential Address

Name:

Status:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.

Country: If you are changing your country of residence, please ensure you complete the Change of Tax Details section on page 1

New Mailing Address

Name:

Status:

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):

Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.

Country: If you are changing your country of residence, please ensure you complete the Change of Tax Details section on page 1

Email Address

Previous Email Address:

New 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 the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's products and services by email.

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

First Account Holder/Controlling Person/Authorised Person

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

Mr Ms Mrs Miss Dr

Full Name:

Relationship to Client:

Status: Account Holder Director Trustee Trustee Company
 Executor Power of Attorney Partner Authorised Person

Second Account Holder/Controlling Person/Authorised Person

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

Mr Ms Mrs Miss Dr

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

Firearms Licence: If you provide us with a certified copy of a Firearms Licence, please also provide a certified copy of a NZ Driver Licence or card issued by a registered bank showing your name and signature in order for us to verify your signature on this Client Agreement.

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/>)

* Not required if already provided under Option B.

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)

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

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

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
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- Minister of Religion
- 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.

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: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>DAY</td><td>MONTH</td><td>YEAR</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											DAY	MONTH	YEAR								Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>DAY</td><td>MONTH</td><td>YEAR</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											DAY	MONTH	YEAR							
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Signature of Existing Account Holders

All Account Holders must sign below

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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:	Postcode:																
Signature:	Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">DAY</td><td colspan="2">MONTH</td><td colspan="2">YEAR</td><td colspan="2"></td></tr></table>									DAY		MONTH		YEAR			
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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

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

Mailing Address (Attorney): This 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.

Name:	
<i>Mailing Address:</i>	
Street No./Name/PO Box:	
Suburb/RD No.:	Mail Centre:
Town/City:	Postcode:
Country: <input type="radio"/> New Zealand <input type="radio"/>	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.

Name:	
<i>Mailing Address:</i>	
Street No./Name/PO Box:	
Suburb/RD No.:	Mail Centre:
Town/City:	Postcode:
Country: <input type="radio"/> New Zealand <input type="radio"/>	Other (please state):
Phone Work:	Phone Home:
Phone Mobile:	Fax:
Email:	

Certificate

I (Full Name):

(Address):

(Occupation):

certify that –

1. *(Strike out the statement that does not apply)*

On

DAY	MONTH			YEAR					

the Appointor granted to me an Enduring Power of Attorney to act in relation to his/her property.

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 revoking my authority to act under the Enduring Power of Attorney.

3. I have not received written notice from the Appointor suspending my authority to act under the Enduring Power of Attorney.

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 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 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 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 incapable of acting
- A Court revokes the appointment of the Attorney under section 105 of the Act.

Signature:

Date:

DAY	MONTH			YEAR					

Place this declaration was made (e.g. City):