Part A: Client Information Schedule
Authorised Company Details

If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227.

Please complete this form if any Director, Partner, Officer or Trustee is a company, and return it with your **Client Information Schedule:** ***Company, Incorporated Society, Incorporated Charitable Trust, Partnership, or Unincorporated Association***

Authorised Company Details

Full Legal Name:

Trading Name (if applicable):

Type of entity:

Company, Incorporated Society, Incorporated Charitable Trust Number:

Country of Incorporation or Registration:

Primary business activity of the company/partnership:

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

Principal Business or Registered Office Address:

Street No./Name:

Suburb/RD No.:

Town/City: | Postcode:

Country: ◯ New Zealand ◯ Other (please state):

Mailing Address: Only complete this part if your Mailing Address is different to your Principal Business or Registered Office Address.

Mailing 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 application 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 Mobile:

Fax: | Email:

Is the Authorised Company a Financial Institution?

If in doubt, please confirm the classification with a Authorised Representative of the Authorised Company.

◯ **Yes,** the Authorised Company **is** a Financial Institution:

Please write the Financial Institution's name and GIIN below

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

Financial Institution's Name:

Financial Institution's GIIN: | | | | | | | | | | | | | | | |

◯ **No,** the Authorised Company **is not** a Financial Institution.

FORSYTH BARR

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Authorised Company Details (continued)

Authorised Person Name:

Position:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand

Other (please state):

Phone Work:

Phone Home:

Phone Mobile:

Fax:

Email:

First Director of Authorised Company

Full Name: Please provide the full legal names of ALL Directors.

◯ Mr ◯ Ms ◯ Mrs ◯ Miss ◯ Dr ◯ Other

Full Name:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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 33% will be applied.

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):

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 Company Director 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

Is the Authorised Company Director an Authorised Person on the account? ◯ Yes ◯ No

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: ◯ New Zealand ◯ Other (please state):

Mailing Address: Only complete this part if your Mailing Address is different to your Residential Address.

Mailing 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 application 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:

Second Director of Authorised Company

Full Name: Please provide the full legal names of ALL Directors.

◯ Mr ◯ Ms ◯ Mrs ◯ Miss ◯ Dr ◯ Other

Full Name:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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 33% will be applied.

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):

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 Company Director 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

Is the Authorised Company Director an Authorised Person on the account? ◯ Yes ◯ No

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: ◯ New Zealand ◯ Other (please state):

Mailing Address: Only complete this part if your Mailing Address is different to your Residential Address.

Mailing 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 application 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:

Third Director of Authorised Company

Full Name: Please provide the full legal names of ALL Directors.

◯ Mr ◯ Ms ◯ Mrs ◯ Miss ◯ Dr ◯ Other

Full Name:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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 33% will be applied.

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):

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 Company Director 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

Is the Authorised Company Director an Authorised Person on the account? ◯ Yes ◯ No

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: ◯ New Zealand ◯ Other (please state):

Mailing Address: Only complete this part if your Mailing Address is different to your Residential Address.

Mailing 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 application 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:

Fourth Director of Authorised Company

Full Name: Please provide the full legal names of ALL Directors.

◯ Mr ◯ Ms ◯ Mrs ◯ Miss ◯ Dr ◯ Other

Full Name:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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 33% will be applied.

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):

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 Company Director 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

Is the Authorised Company Director an Authorised Person on the account? ◯ Yes ◯ No

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: ◯ New Zealand ◯ Other (please state):

Mailing Address: Only complete this part if your Mailing Address is different to your Residential Address.

Mailing 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 application 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:

Fifth Director of Authorised Company

Full Name: Please provide the full legal names of ALL Directors.

◯ Mr ◯ Ms ◯ Mrs ◯ Miss ◯ Dr ◯ Other

Full Name:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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 33% will be applied.

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):

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 Company Director 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

Is the Authorised Company Director an Authorised Person on the account? ◯ Yes ◯ No

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: ◯ New Zealand ◯ Other (please state):

Mailing Address: Only complete this part if your Mailing Address is different to your Residential Address.

Mailing 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 application 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:

Sixth Director of Authorised Company

Full Name: Please provide the full legal names of ALL Directors.

◯ Mr ◯ Ms ◯ Mrs ◯ Miss ◯ Dr ◯ Other

Full Name:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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 33% will be applied.

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):

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 Company Director 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

Is the Authorised Company Director an Authorised Person on the account? ◯ Yes ◯ No

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: ◯ New Zealand ◯ Other (please state):

Mailing Address: Only complete this part if your Mailing Address is different to your Residential Address.

Mailing 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 application 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:

Beneficial Ownership of Authorised Company (if applicable)

Effective control: an individual with effective control can include those with the ability to control the Authorised Company, those in senior management positions and/or those with the ability to dismiss those in senior management positions.

Please provide details of all beneficial owners of the Authorised Company. A beneficial owner is an individual who owns more than 25% of the Authorised Company and/or an individual who has effective control of the Authorised Company. Should no individual own more than 25% of the Authorised Company, you must still provide details of at least one individual who has effective control of the Authorised Company.

First Beneficial Owner

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

◯ Mr ◯ Ms ◯ Mrs ◯ Miss ◯ Dr ◯ Other

Full Name:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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 33% will be applied.

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):

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 Beneficial Owner 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

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: ◯ New Zealand ◯ Other (please state):

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

Nature of Beneficial Interest: e.g. shareholder, senior manager.

Nature of Beneficial Interest:

Second Beneficial Owner

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

◯ Mr ◯ Ms ◯ Mrs ◯ Miss ◯ Dr ◯ Other

Full Name:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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 33% will be applied.

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):

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 Beneficial Owner 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

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: ◯ New Zealand ◯ Other (please state):

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

Nature of Beneficial Interest: e.g. shareholder, senior manager.

Nature of Beneficial Interest:

Third Beneficial Owner

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

Mr Ms Mrs Miss Dr Other

Full Name:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

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 33% will be applied.

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):

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 Beneficial Owner 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

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: New Zealand Other (please state):

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

Nature of Beneficial Interest: e.g. shareholder, senior manager.

Nature of Beneficial Interest:

STA611-02 - November 2019

Identification Requirements

We are required by law to verify the Applicant's identity, and that of persons authorised to act on its behalf. These procedures are in place to protect it and to ensure that transactions are being effected for the right entity. Accordingly, please provide the required identification and address verification documentation for each person listed below. Without this information it is not possible to open or operate your account.

Director/Authorised Person/Beneficial Owner:

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

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.

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/)

* 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).

If you cannot provide these documents please contact us to discuss.

Company/Incorporated Society/Incorporated Charitable Trust

- ◯ Certificate of Incorporation (original certified copy if Applicant is incorporated outside New Zealand)
- ◯ Confirmation of Directors from an official/independent source (original certified copy if Applicant is incorporated outside New Zealand)
- ◯ Confirmation of ownership structure from an official/independent source (original certified copy if Applicant is incorporated outside New Zealand)

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, which must confirm the Partnership's name, and the Partners/Officers' names and other persons authorised to act on behalf of the Partnership.

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 Authorised Financial 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 your 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.