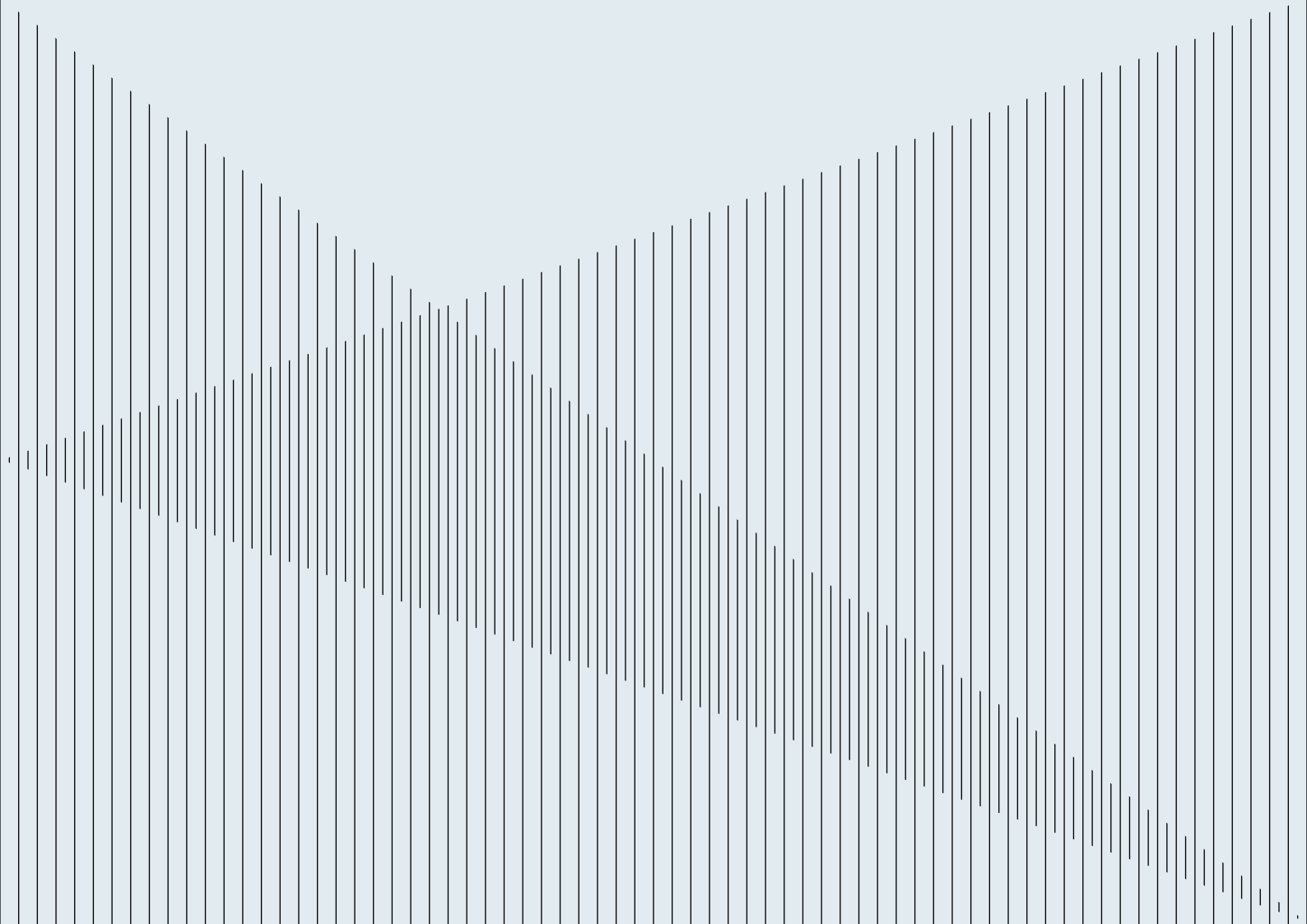




# Part A: Client Information Schedule



Individual or Joint





## Welcome

Thank you for considering Forsyth Barr. Whether you are an experienced investor or just starting out, your Forsyth Barr Authorised Financial Adviser can help you to achieve the best mix of investments for your individual requirements today...and tomorrow.

This Client Information Schedule establishes your account through which you can transact your sharebroking and other investment requirements.

Please refer to our Scope of Service documents for a description of the services we provide for private clients. These include a range of services from transaction/execution services, to investment advice, to investment monitoring, to investment management services.

## Completing this Schedule

**Your Client Agreement comprises two parts:**

**Part A:** Client Information Schedule

**Part B:** Terms and Conditions (including, where relevant, any Client Profile document you complete and any Supplementary Agreement)

Should you have any queries about completing this Client Information Schedule, please ask your Authorised Financial Adviser or contact us on **0800 367 227**.

### For Office Use Only

Account Number:

--	--	--	--	--	--	--	--	--	--

Account Name:

Investment Adviser Code:

Secondary Investment Adviser Codes:

Reporting Series:

Customer Due Diligence:

## Section A: Applicant Details

### Primary Applicant Details

Individual or First Joint Applicant. The Primary Applicant will be the first point of contact for this Account.

Mr     Ms     Mrs     Miss     Dr     Other

Full Name:

Preferred Name:

Date of Birth:

DAY	MONTH	YEAR			

Country of Birth:

Country(s) of Citizenship/Nationality:

### Tax details

I certify that I am 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):

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Australia (Tax File Number):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

United States (Social Security Number):

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United Kingdom (National Insurance Number):

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Other Country (please state):

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Is the Primary Applicant 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](http://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):

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:

Email:

Occupation:

If Joint, do you also wish to open an Individual account for this applicant?

Yes     No

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

**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.

**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.

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

**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.

**Individual Status:** If you are applying to open both Individual and Joint accounts, the Account Holders will be bound by the Terms and Conditions of your Client Agreement as both Individual and Joint Account Holders.

**Section A: Applicant Details** (continued)

**Primary Applicant Details** (continued)

**Other Information**

Are you a member of the Summer KiwiSaver scheme?  Yes  No

Are you a member of another KiwiSaver scheme?  Yes  No

Provider:  
.....

Do you have any Australian Superannuation?  Yes  No

Do you have any other overseas pensions?  Yes  No

Would you like to be contacted regarding the transfer of these?  Yes  No

**Website Access**

Please tick if you do **not** want to be registered for website access to your account

**Section A: Applicant Details** (continued)

**Second Joint Applicant Details**

Mr     Ms     Mrs     Miss     Dr     Other

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: 

DAY		MONTH		YEAR					

Country of Birth: \_\_\_\_\_

Country(s) of Citizenship/Nationality: \_\_\_\_\_

**Tax details**

I certify that I am 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): 

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- United Kingdom (National Insurance Number): 

--	--	--	--	--	--	--	--	--	--
- Other Country (please state): 

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Is the Joint Applicant 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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))  
 No

Residential Address:  Same as primary applicant  
Street No./Name: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country:  New Zealand     Other (please state): \_\_\_\_\_

Mailing Address:  Same as primary applicant  
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: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

If Joint, do you also wish to open an Individual account for this applicant?  Yes     No

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

**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.

**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.

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

**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.

**Individual Status:** If you are applying to open both Individual and Joint accounts, the Account Holders will be bound by the Terms and Conditions of your Client Agreement as both Individual and Joint Account Holders.

**Section A: Applicant Details** (continued)

**Second Joint Applicant Details** (continued)

**Other Information**

Are you a member of the Summer KiwiSaver scheme?  Yes  No

Are you a member of another KiwiSaver scheme?  Yes  No

Provider:  
.....

Do you have any Australian Superannuation?  Yes  No

Do you have any other overseas pensions?  Yes  No

Would you like to be contacted regarding the transfer of these?  Yes  No

**Website Access**

Please tick if you do **not** want to be registered for website access to your account

**Section A: Applicant Details** (continued)

**Third Joint Applicant 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     Other

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: 

DAY	MONTH	YEAR			

Country of Birth: \_\_\_\_\_

Country(s) of Citizenship/Nationality: \_\_\_\_\_

**Tax details**

I certify that I am 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 33% 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 Primary Applicant 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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))
- No

Residential Address:  Same as primary applicant

Street No./Name: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country:  New Zealand     Other (please state): \_\_\_\_\_

Mailing Address:  Same as primary applicant

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: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

If Joint, do you also wish to open an Individual account for this applicant?  Yes     No

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

**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.

**Individual Status:** If you are applying to open both Individual and Joint accounts, the Account Holders will be bound by the Terms and Conditions of your Client Agreement as both Individual and Joint Account Holders.



**Section A: Applicant Details** (continued)

**Third Joint Applicant Details** (continued)

**Other Information**

Are you a member of the Summer KiwiSaver scheme?  Yes  No

Are you a member of another KiwiSaver scheme?  Yes  No

Provider:  
.....

Do you have any Australian Superannuation?  Yes  No

Do you have any other overseas pensions?  Yes  No

Would you like to be contacted regarding the transfer of these?  Yes  No

**Website Access**

Please tick if you do **not** want to be registered for website access to your account

## Section B: Authorised Persons

This section only needs to be completed if you:

- i) wish to nominate someone to instruct on your account in addition to the Applicant(s) recorded in Section A, or
- ii) are opening an account for a Minor.

Unless you are the Authorised Person of a Minor, or hold a current Power of Attorney over the Account Holder(s), your 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. Please see Section D of our Terms and Conditions for more details.

### First Authorised Person Details

Mr     Ms     Mrs     Miss     Dr     Other

Full Name:

Relationship to Applicant:

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:

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:

Email:

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

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

**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.

**Section B: Authorised Persons** (continued)

**Second Authorised Person Details**

Mr     Ms     Mrs     Miss     Dr     Other

Full Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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:  
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: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

**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.

Please note, all Authorised Person(s) must provide their details above and sign *Section P: Declaration and Signatures*.

**Section C: Listed Entity Director/Officer Details**

Is any person who is signing this Agreement 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 D: Anti-Money Laundering and Tax Disclosures**

**How will the account be used? (please reply 'Yes' or 'No'):**

Invest in one or two specific securities  Yes  No

Receive or send money from or to countries other than New Zealand or Australia  Yes  No

Receive or send money from or to third party non bank financial services companies e.g. forex providers or share brokers  Yes  No

Invest more than NZD \$1million  Yes  No

**Politically Exposed Persons**

Is the Applicant(s) (or a person who has an interest in, or who is an Authorised Person on the Account) 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:

.....  
 .....

Please provide details of the origin of your wealth and evidence e.g. if the origin of your wealth is business income then a copy of the business financial statements:

.....  
 .....

Please provide details of the source of any funds to be paid into your account with Forsyth Barr:

.....  
 .....

**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.

**Origin of Wealth:** A detailed description of the activity which has generated your net worth, e.g. employment earnings (please specify the nature of your employment), sale of a business (please specify the nature of the business and industry).

**Source of Funds:** A description of the origin and means of transfer for monies being paid into your Forsyth Barr account e.g. electronic transfer from your New Zealand bank account.

## Section D: Anti-Money Laundering and Tax Disclosures (continued)

### Overseas Residents

This section is mandatory if your current residential address is in a country other than New Zealand.  
Please provide details of the origin of your wealth:

**Origin of Wealth:** A detailed description of the activity which has generated your net worth, e.g. employment earnings (please specify the nature of your employment), sale of a business (please specify the nature of the business and industry).

.....

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**Source of Funds:** A description of the origin and means of transfer for monies being paid into your Forsyth Barr account e.g. electronic transfer from your New Zealand bank account.

Please provide details of the source of any funds to be paid at account opening into your account with Forsyth Barr and evidence e.g. if the source of funds is the proceeds from an investment then a confirming document from the company or bank where the investment was made:

.....

.....

.....

.....

.....

.....

## Section E: Identification Requirements

We are required by law to verify your identity and residential address, and that of persons authorised to act on your behalf, including if you are a parent/guardian opening a Minor's account. These procedures are in place to protect you and to ensure that transactions are being effected for the right person. Accordingly, please provide the required identification and address verification documentation listed below for each person completing this Client Information Schedule. Without this information it is not possible to open or operate your account.

### Applicant/Authorised Person/Parent or Guardian

**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

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

**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.

## Section E: Identification Requirements (continued)

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

The trusted referee must not be:

- Related to 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 spouse or partner of the named individual

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.

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

- Utility or Rates bill
- Government Agency Statement\* (e.g. IRD Statement)
- Share Registry Statement
- Telephone bill
- Electoral Roll
- Credit Card Statement
- Bank Statement\*
- Insurance Policy
- 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).

### **Are you completing this form as a parent/guardian on behalf of a minor (under 18 years of age)?**

If the Applicant is a minor who is under the age of 16, all parents and/or guardians must sign this form.

If the Applicant is a minor who is aged 16 or 17, at least one parent or guardian, as well as the minor, must sign this form.

Each parent and guardian completing this form, as well as the minor, must provide the verification information outlined above.

We are also required to verify that any person holding themselves out as the parent/guardian of the minor has the authority to act on behalf on the minor. In order for us to do this, please ensure that an original certified copy of the minor's full birth certificate is provided. If we are unable to clearly identify that the person(s) holding themselves out as the parent/guardian of the minor have the authority to act on behalf on the minor, you may be required to provide additional information. Documentation confirming the minor's residential address is not required if the minor is living at the same residential address as their parent or guardian.

### **Bank Account Details**

To settle your account by direct debit or direct credit, we will require **original** bank account documentation in the same name as the account Applicant(s). **Please provide ONE of the following:**

- A bank encoded deposit slip with pre-printed details of your bank account name and number
- A bank statement
- A cheque from your bank account
- A verification letter or other document of confirmation provided by your bank

We will only make payments to a bank account in the name of the Applicant(s).

### **Additional Information**

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 F: NZX Prescribed Person Confirmation

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

A Prescribed Person is someone who has a defined relationship or connection with another NZX Firm.

This will be an account for a Prescribed Person if any account holder is:

- (a) a director (other than an independent director), partner, NZX Adviser, officer, employee, agent, dealer or contractor of an NZX Market Participant; or
- (b) the spouse, de facto partner or dependent child of a person referred to in (a).

Please confirm that none of the above apply:

I/We confirm that this is **not** an account for a Prescribed Person.

## Section G: Registration Details

Registration Name: \_\_\_\_\_

Registration Address: \_\_\_\_\_

Street No./Name/PO Box: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Mail Centre: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country:  New Zealand  Other (please state): \_\_\_\_\_

Common Shareholder Number (CSN) (if available):

3	3								
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## Section H: Tax Details

### New Zealand Tax Residents

Resident Withholding Tax Rate (RWT):  Exempt  10.5%  17.5%  30%  33%

Prescribed Investor Rate (PIR) Primary Applicant:  10.5%  17.5%  28%

Prescribed Investor Rate (PIR) Second Joint Applicant:  10.5%  17.5%  28%

Prescribed Investor Rate (PIR) Third Joint Applicant:  10.5%  17.5%  28%

For further information on selecting the appropriate RWT or PIR, please refer to [www.ird.govt.nz](http://www.ird.govt.nz). Please advise Forsyth Barr should your tax details change.

### Foreign Investments Fund (FIF)

Do you hold investments which are subject to the Foreign Investment Fund (FIF) Rules?  Yes  No

### Overseas Tax Residents

Please apply the Approved Issuer Levy (2%), where applicable, to approved interest-bearing investments. The default Prescribed Investor Rate (PIR) for non-residents is 28%.

## Section I: Settlement Details

Contract Notes will be sent to the email address provided in Section A. *Primary Applicant Details*.

I prefer to settle my account by:  Forsyth Barr Cash Management  Bank Account

**Registration Name:** Please complete this section **ONLY** if you wish the Registration Name to be different to the name(s) recorded in Section A.

**Registration Address:** Please complete this section **ONLY** if you wish the Registration Address to be different to the Mailing Address recorded in Section A.

**RWT Rate:** If a valid IRD number is not provided, the default withholding tax rate of 33% will be applied.

**Exempt:** Please attach Exemption Certificate to this Schedule.

**Prescribed Investor Rate:** A PIR is the tax rate that the PIE you invest in can use to calculate the tax on the income it derives from investing your contributions, if you have also provided your IRD number. If a PIR is not selected the default PIR of 28% will be applied.

**Foreign Investment Fund (FIF):** A FIF calculation is required for foreign share investments (and can apply to certain other foreign investments) which do not meet the relevant FIF exemption criteria. There are various exemptions from the FIF rules. One exemption can apply to a New Zealand resident individual whose FIF investments cost \$50,000 or less. Another exemption relates to Australian resident listed companies which meet certain criteria. Investments which meet the relevant FIF exemption criteria are generally taxed on dividends only, if the investment is held on capital account. For all other investments in foreign companies FIF calculations are generally required. Please consult your tax adviser if you are unsure of the position.

**Non-Resident Withholding Tax Rate:** The appropriate Non-Resident Withholding Tax Rate will be applied based on your country of residence.

**Bank Account:** The Forsyth Barr Authority to Accept Direct Debits form is located at the back of this document. For sales, we will pay to the bank account you nominate if you provide us with original bank account documentation in the same name as the account Applicant(s).

## Section J: Cash Management Service

Should you wish to make an initial deposit via the Forsyth Barr Cash Management service, please indicate the amount and currency in which you wish to invest.

Currency:  NZD  AUD  USD  GBP  CAD  EUR

Amount: \$  
.....

Please check the current rate schedule applicable to your investment or contact your Investment Adviser.

**Please make cheques payable (and crossed "Not Transferable") to Forsyth Barr Cash Management.**

## Section K: Inland Revenue Department Payments (if applicable)

I authorise Forsyth Barr Limited to make payments from time to time as requested by me/us to the Inland Revenue Department by deductions from my Forsyth Barr Cash Management account.

**Direct Credit:** Please provide original documentation from the Inland Revenue Department confirming their bank account details.

## Section L: Custody Service

Would you like Forsyth Barr to provide its custody services for your investment assets to be held in safe keeping on your behalf?  Yes  No

If 'Yes', please refer to *Part B: Terms and Conditions, Section B: Safe Custody and Custodial Service Terms and Conditions.*

### Custodial Fee

By Schedule  Fixed Rate (Percentage of Portfolio): ..... % Per Annum  
 Fixed Amount (NZD): \$ ..... Per Annum

Are you subject to a spreading method under the Financial Arrangement Rules?  Yes  No

**Custodial Fee:** To be negotiated between Forsyth Barr and you at the time of entering this Client Agreement.

**Financial Arrangement Rules:** The definition of "Financial Arrangements" captures a wide range of debt instruments including bank accounts, bonds and loans. In broad terms, a person is required to use a spreading method under the Financial Arrangement rules to allocate income or expenditure to an income year if:

- The absolute value of the person's income and expenditure in the income year under financial arrangements to which the person is a party is greater than NZ\$100,000; and
- On any day in the income year the absolute value of all the financial arrangements to which the person is a party to, added together, is greater than NZ\$1,000,000; or
- The impact of using a spreading method, as opposed to the cash basis, is greater than NZ\$40,000.



## Section M: Professional Advisers

Please complete the details below for any party (e.g. Accountant, Lawyer) whom you wish to nominate to receive financial information upon request. A Professional Adviser is not authorised to give instructions to transact on the account.

### First Professional Adviser details

Mr     Ms     Mrs     Miss     Dr     Other

Full Name:

Role:

Firm:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:     New Zealand     Other (please state):

Phone Work:

Phone Mobile:

Email:

### Second Professional Adviser details

Mr     Ms     Mrs     Miss     Dr     Other

Full Name:

Role:

Firm:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:     New Zealand     Other (please state):

Phone Work:

Phone Mobile:

Email:

**Section M: Professional Advisers (Continued)**

**Third Professional Adviser details**

Mr     Ms     Mrs     Miss     Dr     Other

Full Name: .....

Role: .....

Firm: .....

**Mailing Address:**

Street No./Name/PO Box: .....

Suburb/RD No.: ..... Mail Centre: .....

Town/City: ..... Postcode: .....

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

Phone Work: ..... Phone Mobile: .....

Email: .....

**Fourth Professional Adviser details**

Mr     Ms     Mrs     Miss     Dr     Other

Full Name: .....

Role: .....

Firm: .....

**Mailing Address:**

Street No./Name/PO Box: .....

Suburb/RD No.: ..... Mail Centre: .....

Town/City: ..... Postcode: .....

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

Phone Work: ..... Phone Mobile: .....

Email: .....

## Section N: Investment Services

There are four levels of private client services available which vary according to the level of assistance you are seeking. Please refer to the relevant Forsyth Barr Scope of Service document. Please consider and select a service that suits your requirements.

- Investment Transaction Service:** Buying and selling investments at your instruction, with access to research on markets, securities and financial products.
- Investment Advisory Service:** Personalised advice, limited to consideration of your selected investment profile, regarding your investments and financial products, with access to research on markets, securities and financial products.
- Premium Advisory Service:** Personalised advice, with ongoing monitoring of your investments, a complete administration service, regular reporting to you and access to research on markets, securities and financial products.
- Private Portfolio Management:** Management and administration of your investments on your behalf, based on discretion authorised by you and within agreed parameters, accompanied by regular reporting to you.

We will record your Account as an Investment Transaction Service account in the absence of any selection. For the Premium Advisory Service and Private Portfolio Management, you will also need to complete a Client Profile. Your Forsyth Barr Investment Adviser will then discuss an Investment Plan with you. The information requested in the Client Profile enables us to take your specific circumstances into account when providing investment advice and other personalised financial adviser services to you. It is important that we have sufficient information collected to enable us to provide you with appropriate advice.

In the case of the Investment Advisory Service, you will need to select an investment profile, based on a standard questionnaire that asks about your investing experience, investment horizon and attitude to risk.

Please contact your Investment Adviser should you wish to discuss the above.

## Section O: Basis of Service

We will provide services on the Terms and Conditions set out in this Client Agreement, and on the basis of the Scope of Service for the relevant service, each as updated from time to time.

Forsyth Barr produces and accesses research and other investment information, from various internal and external sources, which also provides a basis for our advice and services.

Before acting on any advice or recommendations, you should always consider the appropriateness of the advice or recommendations having regard to your specific circumstances.

Unless otherwise agreed or the service selected provides otherwise, you are responsible for the ongoing monitoring of your investments.

For more details regarding the basis of service, and the principal benefits and risks of investing and financial advice, please refer to the Terms and Conditions set out in this Client Agreement. It is important you read and understand the Scope of Service and Section D of the Terms and Conditions regarding basis of service, principal benefits and risks of investing and financial advice, and discuss any matters with your Investment Adviser.

## Section P: Declaration and Signatures

By signing this Client Agreement I/we agree as follows:

- I/We confirm that all details set out in this Client Information Schedule are correct and not misleading (including by omission).
- I/We agree that I/we have received a copy of the Forsyth Barr Limited Terms and Conditions and Scope of Service.
- I/We agree that I/we have received copies of the Investment Advisers' Primary and Secondary Disclosure Statements which are applicable to my account.
- I/We agree to all the Terms and Conditions set out in Part B of this 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 agree that if Individual and Joint accounts are opened I/we will be bound by the Terms and Conditions of this Client Agreement as both Individual and Joint account holders.
- 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, Principal Benefits and Risks of Investing and Financial Advice.
- 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.
- I/We confirm that a Forsyth Barr Cash Management Account will be opened as part of this account set-up.
- I/We have consulted an independent adviser where necessary and acknowledge Forsyth Barr does not provide tax advice.
- I/We understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply.
- I/We will notify Forsyth Barr of any changes to any information within 30 days of the change occurring and, where required, will provide Forsyth Barr with a new tax self-certification.

### Instructions for Signing

- **Every person** named as one of the **Account Holders** or as an **Authorised Person** must sign below
- 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 copy of a *Certificate of Non-revocation of Enduring Power of Attorney* (located on page 19) must accompany this Client Information Schedule.

Name:

.....

Signature:

.....

Date:

DAY			MONTH			YEAR			

Name:

.....

Signature:

.....

Date:

DAY			MONTH			YEAR			

Name:

.....

Signature:

.....

Date:

DAY			MONTH			YEAR			

Name:

.....

Signature:

.....

Date:

DAY			MONTH			YEAR			

Acceptance of this Client Agreement is deemed by the Applicants signing this Client Information Schedule.

# 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 relating to your account. If you have any questions, please ask your Investment Adviser or contact us on 0800 367 227.**

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

**Mailing Address (Appointor):** This is the address of the person who has appointed the Power of Attorney.

**Notes:**  
Definition of an event revoking the Power of Attorney means any of the following events in which the Enduring Power of Attorney ceases to have effect:

- The Appointor revokes the power while mentally capable of doing so; or
- The Appointor dies; or
- The Attorney gives notice of disclaimer in accordance with Section 104 of the Protection of Personal and Property Rights Act 1988; or
- The Attorney dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992, detained in a hospital under that Act, or becomes subject to a personal order under Part 1 of the Protection of Personal and Property Rights Act 1988, or a property order under Part 3 of the Protection of Personal and Property Rights Act 1988, or otherwise becomes incapable of acting; or
- In the case of an Enduring Power of Attorney that appoints more than one Attorney with joint but not several authority, one of the Attorney's dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992, detained in a hospital under that Act, or becomes subject to a personal order under Part 1 of the Protection of Personal and Property Rights Act 1988, or property order under Part 3 of the Protection of Personal and Property Rights Act 1988, or otherwise becomes incapable of acting; or
- A Court revokes the appointment of the Attorney pursuant to Section 105 of the Protection of Personal and Property Rights Act 1988.

## Attorney Details

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

Name: \_\_\_\_\_

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: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country:  New Zealand  Other (please state): \_\_\_\_\_

Phone Work: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Phone Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Signature

I certify:

- That I am the Attorney of the Appointor under and by virtue of a Power of Attorney dated:

--	--

DAY

MONTH (in Full)

2	0		
---	---	--	--

YEAR

given to me by him/her/them

- That I have executed the Client Agreement hereby as Attorney under the said Power of Attorney and pursuant to the power thereby conferred upon me
- That I have not received notice or information of revocation of the said Power of Attorney, by death or otherwise, and I believe the same to be in full force and effect

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DAY	MONTH	YEAR					

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

# Authority to Accept Direct Debits

## Not to operate as an assignment or an agreement

Account Name: \_\_\_\_\_

Account Number:

### Bank Instructions

### AUTHORISATION CODE

Name of Bank Account: \_\_\_\_\_

Bank Account from which payments are to be made: \_\_\_\_\_

BANK BRANCH ACCOUNT NUMBER SUFFIX

Bank Name: \_\_\_\_\_

### To: The Bank Manager,

I/We authorise you until further notice, to debit my/our account with all amounts which **Forsyth Barr Limited** client funds (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed below. **Information to appear on my/our Bank Statement:**

Payer Particulars:

Payer Reference:

Payer Code:

Approved	
1289	11/04

Signature: \_\_\_\_\_

Date:

DAY MONTH YEAR

Signature: \_\_\_\_\_

Date:

DAY MONTH YEAR

Signature: \_\_\_\_\_

Date:

DAY MONTH YEAR

**Required Signatures:** All Account Holders must sign this authority.

### Conditions Of This Authority

- The Initiator:
  - Has agreed to send notice of the net amount of each Direct Debit no less than the date the Direct Debit is initiated. This notice will be provided either:
    - in writing; or
    - by electronic mail where the Customer has provided prior written consent to the Initiator. The notice will include the following message:-  
*The amount of \$ ..... was direct debited to your Bank account on .... (Initiating date).*
  - May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
  - May, upon receiving an "authority transfer form" (dated after the date of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority from the account identified in the authority transfer form.
  - Agrees, if the the bank dishonours a direct debit but sends the direct debit again within 5 business days of the dishonour, is not required to give I/we a second notice of the amount and date of the direct debit.
- The Customer may:
  - At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator.
  - Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
  - Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, or notice is received, but the amount or the date of debiting is different from the amount or the date specified on the notice, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.
- The Customer acknowledges that:
  - This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
  - In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
  - Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lies between me/us and the initiator.
- Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
  - the accuracy of information about Direct Debits on Bank statements.
  - any variations between notices given by the Initiator and the amounts of Direct Debits.
- The Bank is not responsible for, or under any liability in respect of the Initiators failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- The Bank may:
  - In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
  - At any time terminate this Authority as to future payments by notice in writing to me/us.
  - Charge its current fees for this service in force from time-to-time.
  - Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.



