



Addition/Removal of Account Holder/ Controlling Person/ Authorised Persons to an Existing Account

We are constantly updating our client records in order to provide you with the best possible service. 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.** Please complete this form and return it to:
Forsyth Barr Limited, Private Bag 1999, Dunedin.



Instructions to complete this form

- For all account types, please complete *Account Details* at the top of page 1.
- To add a new Account Holder or Controlling Person to your account, please go to *Section A* (page 1);
- To add an Authorised Person to your account, please proceed to *Section B* (page 5).
- To change address details, please complete *Section D* (page 14).
- Please also complete *Section F* (page 15) if the Authorised person is a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange.

Account Details

Account Name:

Account Number:

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- Individual/
Joint Account Company/
Incorporated
Entity Account Trust Account Partnership/
Unincorporated
Entity Account Deceased
Estate Account

Section A: Account Holder/Controlling Person to be added to this account

First Account Holder/Controlling Person Details

- Mr Ms Mrs Miss Dr Other

Full Name:

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):

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):

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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)
 No

If no Tax Identification Number (TIN) is supplied, please state the reason why:

- Status: Account Holder Director Trustee
 Power of Attorney Partner Executor

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 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.

Potential reasons for not supplying a TIN include:

- Country doesn't issue TIN
- Country doesn't require TIN collection
- Applied for TIN and will supply soon
- Cannot obtain TIN (explanation required)

Section A: Account Holder/Controlling Person to be added to this account (continued)

Second Account Holder/Controlling Person Details

Mr Ms Mrs Miss Dr Other

Full Name:

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):

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):

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- 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)
- No

If no Tax Identification Number (TIN) is supplied, please state the reason why:

.....

Status: Account Holder Director Trustee
 Power of Attorney Partner Executor

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 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.

Potential reasons for not supplying a TIN include:

- Country doesn't issue TIN
- Country doesn't require TIN collection
- Applied for TIN and will supply soon
- Cannot obtain TIN (explanation required)

Section A: Account Holder/Controlling Person to be added to this account (continued)

Third Account Holder/Controlling Person Details

Mr Ms Mrs Miss Dr Other

Full Name:

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):

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):

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- 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)
 No

If no Tax Identification Number (TIN) is supplied, please state the reason why:

Status: Account Holder Director Trustee
 Power of Attorney Partner Executor

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 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.

Potential reasons for not supplying a TIN include:

- Country doesn't issue TIN
- Country doesn't require TIN collection
- Applied for TIN and will supply soon
- Cannot obtain TIN (explanation required)

Section A: Account Holder/Controlling Person to be added to this account (continued)

Fourth Account Holder/Controlling Person Details

Mr Ms Mrs Miss Dr Other

Full Name: _____

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): _____

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):

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- 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)
 No

If no Tax Identification Number (TIN) is supplied, please state the reason why:

Status: Account Holder Director Trustee
 Power of Attorney Partner Executor

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 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.

Potential reasons for not supplying a TIN include:

- Country doesn't issue TIN
- Country doesn't require TIN collection
- Applied for TIN and will supply soon
- Cannot obtain TIN (explanation required)

Section B: Authorised Persons to be added to this account

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/Controlling Person.

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.

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.

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 to be added to this account (continued)

Second Authorised Person Details

Mr Ms Mrs Miss Dr Other

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

Full Name: _____

Relationship to Applicant: _____

Date of Birth:

DAY	MONTH	YEAR			

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.

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: 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: _____

Email: _____

Section C: Trustee Company to be added to this account

Trustee Company Details (if applicable)

Company Name:

Trading Name (if applicable):

Company Registration Number:

Country of Incorporation or Registration:

Principal Business or Registered Office Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (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 Mobile:

Email:

Is the Trustee Company a Financial Institution?

A "Financial Institution" **could** include trustee corporations, and lawyer and accountant nominee or trust companies. However, it will exclude lawyers or accountants acting as a trustee in a personal capacity, it will also exclude trustee companies which are only a trustee of a single trust.

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

Yes, the Trustee Company is a Financial Institution:

Please write the Financial Institutions name and GIIN below

Financial Institution's Name:

Financial Institution's GIIN:

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Has the Trustee Company agreed to sponsor or document the Trust? Yes No

No, the Trustee Company is not a Financial Institution.

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

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

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 Other

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

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:

- 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 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.

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):

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- 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 Trustee 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 Trustee Company Director an Authorised Person on the account? Yes No

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: _____

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 Other

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

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:

- 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.

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):

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- 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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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 Trustee 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 Trustee 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: _____

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 Other

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

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				

- 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

Country of Birth: _____

Country(s) of Citizenship/Nationality: _____

AND provide ONE of the following:

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):

- 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.

New Zealand (IRD Number):

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Australia (Tax File Number):

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United States (Social Security Number):

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United Kingdom (National Insurance Number):

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

Other Country (please state):

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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.

Is the Trustee 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 Trustee 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:

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: _____

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

Fourth Director of Trustee Company or Management of Trustee Company

Mr Ms Mrs Miss Dr Other

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

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			

- 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

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):

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.

New Zealand (IRD Number):

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Australia (Tax File Number):

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United States (Social Security Number):

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

United Kingdom (National Insurance Number):

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

Other Country (please state):

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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 Trustee 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 Trustee 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:

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:

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 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 Other

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

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							

- 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

Country of Birth: _____

Country(s) of Citizenship/Nationality: _____

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 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.

Is the Trustee 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 Trustee 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:

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: _____

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 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: Please provide the full legal names of ALL Directors.

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							

- 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

Country of 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.

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.

Is the Trustee 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 Trustee 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:

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: _____

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 D: Change of Address Details

New Residential Address

Name:

Status:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

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 2

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 2

Section E: Account Holder/Controlling Person/Authorised Person to be removed from this account (if relevant)

First Account Holder/Controlling Person/Authorised Person

Mr Ms Mrs Miss Dr Other

Full Name:

Relationship to Client:

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

Second Account Holder/Controlling Person/Authorised Person

Mr Ms Mrs Miss Dr Other

Full Name:

Relationship to Client:

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

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

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

Section F: Listed Entity Director/Officer Details

Is the Authorised Person (including if relevant any new Directors of a Trustee Company) a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange? If 'Yes', please complete the Director/Officer details below.

Yes No

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 G: Politically Exposed Persons

Is the 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:

.....
.....

Section H: 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.

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

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.

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 H: Identification Requirements (continued)

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)

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

Trust account (only)

- An original certified copy of the relevant pages of the Trust Deed 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.

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 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.

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 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 a copy of the Forsyth Barr Limited Terms and Conditions.
- I/We agree that I/we have received copies of the Investment Advisors' Primary and Secondary Disclosure Statements which are applicable to this 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, 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.

Instructions for Signing

- **Every new Account Holder/Controlling Person/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 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 Power of Attorney (located on the inside back cover) must accompany this form.

Name:

.....

Signature:

.....

Date:

DAY			MONTH			YEAR			

Name:

.....

Signature:

.....

Date:

DAY			MONTH			YEAR			

Signature of Existing Account Holders

All Account Holders must sign below

Name:

.....

Signature:

.....

Date:

DAY			MONTH			YEAR			

Name:

.....

Signature:

.....

Date:

DAY			MONTH			YEAR			

Name:

.....

Signature:

.....

Date:

DAY			MONTH			YEAR			

Name:

.....

Signature:

.....

Date:

DAY			MONTH			YEAR			

Section I: Declaration and Signatures (continued)

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

Name of Witness:

.....

Occupation:

.....

Address:

Street No./Name/PO Box:

.....

Suburb/RD No.:

Mail Centre:

.....

Town/City:

Postcode:

.....

Signature:

.....

Date:

DAY		MONTH			YEAR				

Certificate of Non-revocation of Enduring Power of Attorney

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

Complete this Certificate to advise us that an Enduring Power of Attorney is still in place at the time of making any requests 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): _____

