QUAYSTREET FUNDS

APPLICATION FORM
COMPANIES AND OTHER ENTITIES

QUAYSTREET®
ASSET MANAGEMENT

QuayStreet Funds Application Form
Companies and Other Entites

This application form is suitable for Companies and Other Entities only. If you are applying on behalf of an individual or trust please download the Applicable Form from quaystreet.com/documents.

Section A must be completed

This completed Application Form should be returned to:

Customer Services Team
PO Box 105262
Auckland 1143

Phone: 0800 782 900

A Investor Details

Is this account for:

☐ A Company ☐ A Partnership

☐ An Unincorporated Association (e.g. club) ☐ An Incorporated Entity

Name of Company, Incorporated Society, Partnership or Unincorporated Association

Company Number

Country Where Established ☐ NZ ☐ Other *specify*

Date Established | D | D | M | M | Y | Y | Y | Y |

Mailing Address

Post code

REGISTERED OFFICE ADDRESS
This is the registered office of company.

Registered Office Address *if different from Mailing Address*

Post code

Principal Place of Business *if different from Registered Address*

Post code

Does the Company have:

☐ Nominee Shareholders ☐ Shares in Bearer Form

CONTACT DETAILS & COMMUNICATIONS

Please fill out all details and tick the box identifying the best way for us to contact you

☐ Home Ph ☐ Mobile

☐ Work Ph ☐ Email

A2 Taxation Information for the Account

Section A2 must be completed

Please contact your tax adviser if you have any queries regarding this section.

Your Financial Year

☐ 1 April to 31 March ☐ Other *specify* _____

Prescribed Investor Rate (PIR)

select one option only

☐ 0% ☐ Other *specify* _____

PIR OF 0%

If you have a PIR of 0%, you are required to include any attributed PIE income or loss in your company's, trust's or estate's tax return.

What is your Country of Residence for tax purposes?

_____

Have you elected or are you required to apply the Foreign Investment Fund Fair Dividend Rate rules when calculating taxable income on your overseas investments?

☐ Yes ☐ No

☐ Non-Resident Withholding Tax (NRWT) to be deducted; and/or

☐ Approved Issuer Levy to be applied
(this option applies to certain approved interest-bearing investments only)

IRD Number | | | | | | | | |

GIIN Number | | | | | | | | | | | | | | | | | | | |

(Global Intermediary Identification Number – required for foreign financial Institutions under FATCA)

GIIN

Companies which appoint an investment adviser with a discretionary mandate will be considered 'professionally managed' and therefore Financial Institutions and will require a Global Intermediary Identification Number (GIIN).

Exempt Beneficiary

☐ Yes ☐ No

Are you a Non-Financial Foreign Entity (NFFE) under the Foreign Account Taxation Compliance Act (FATCA)?

☐ Yes ☐ No

If Yes to the above are you active or passive under the FATCA definitions?

☐ Active ☐ Passive

Foreign Tax Details

Australian Tax Number | | | | | | | | |

US IRS Tax Identification Number *(SSN or TIN)* | | | | | | | | |

UK Unique Taxpayer Reference *(UTR)* | | | | | | | | | | |

Other

Country _____

Identification Number _____

Country _____

Identification Number _____

Section B must be completed

CONTRIBUTIONS

Your contributions will not be invested until you have provided the Manager with an investment direction.

B Fund Selection

Please select the fund(s) you would like to invest in:

QuayStreet Funds	Percentage of contributions (%)
☐ QuayStreet Fixed Interest Fund	%
☐ QuayStreet Income Fund	%
☐ QuayStreet Conservative Fund	%
☐ QuayStreet Balanced Fund	%
☐ QuayStreet Socially Responsible Investment Fund	%
☐ QuayStreet Growth Fund	%
☐ QuayStreet High Growth Fund	%
☐ QuayStreet New Zealand Equity Fund	%
☐ QuayStreet Australian Equity Fund	%
☐ QuayStreet International Equity Fund	%
☐ QuayStreet International Equity (NZD Hedged) Fund	%
☐ QuayStreet Altum Fund	%
TOTAL	=100%

If you choose to invest in more than one fund, this will be subject to approval of the Manager.

QuayStreet Fixed Interest Fund and QuayStreet Income Fund only - please select your preferred option:

	Income Distribution	Income Reinvestment
QuayStreet Fixed Interest Fund	☐	☐
QuayStreet Income Fund	☐	☐

Section C must be completed

C Contributions

REGULAR CONTRIBUTIONS

Amount $ _____ ☐ Weekly ☐ Monthly ☐ Quarterly

Date of First Contribution | D | D | M | M | Y | Y | Y | Y |

LUMP SUM CONTRIBUTIONS

Please note that the minimum lump sum contribution is $1000.

LUMP SUM CONTRIBUTION

Amount $ _____

Your contributions will be sourced from your nominated bank account.
Please complete the Direct Debit form on page 14.

Section D must be completed

D Source of Funds and Nature and Purpose of Business Relationship

In complying with our obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act, we are required to obtain:

› Information relating to the source of funds for an account. Please provide as much detail as possible including dates and amounts e.g. investments, inheritance, trust distribution.

> Information on the nature and purpose of the relationship between ourselves and clients to allow us to understand our clients' activities over time and to anticipate our clients' transactions and activities. Please select from the list below those that best describe the nature and purpose of your investment:
select all that are applicable

- ☐ To receive investment advice
- ☐ To help grow savings
- ☐ To help generate income
- ☐ To obtain access to new issues
- ☐ To obtain access to international securities
- ☐ To obtain access to a diversified managed fund
- ☐ To obtain access to New Zealand, Australian or international securities
- ☐ To obtain access to fixed interest or an income generating fund
- ☐ Other *please provide as much detail as possible*

Section E must be completed

E Account Details Details of Directors, Partners, Officers or Trustees

Details and identification are required from the following individuals:
For Companies – All Directors
For Incorporated Entities – All Officers
For Partnerships – All Partners. For the Partnership of Trusts, all Trustees.
For other Unincorporated Associations – All Officers

E1 First Director/Partner/Officer/Trustee

This Trustee/Executor will be the main point of contact for this account.

Role *please select one*

☐ Executor ☐ Trustee ☐ Advisory Trustee ☐ Protector

NAME & ADDRESS

Title *please select one*

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other _____

Full Name *first, middle and last name*

_____

Preferred Name *if different from above*

_____ _____

Residential Address *where you live, not a PO Box number*

_____

_____ **Post code** | | | | |

Mailing Address *if not the same as residential address*

_____

_____ **Post code** | | | | |

CONTACT DETAILS & COMMUNICATIONS

Please fill out all details and tick the box identifying the best way for us to contact you. Email address is required.

☐ Home Ph _____ ☐ Mobile _____

☐ Work Ph _____ ☐ Email _____

Reports and communications will be delivered electronically.

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender ☐ Male ☐ Female

Date of Birth | D | D | M | M | Y | Y | Y | Y |

Town or City of Birth _____

Country of Birth ☐ NZ ☐ Other *specify* _____

Country of Citizenship ☐ NZ ☐ Other *specify* _____

Country of Tax Residency ☐ NZ ☐ Other *specify* _____

New Zealand Residency Status *tick one box only*

☐ Permanent Resident ☐ Resident Visa ☐ Work Permit

☐ Long Term Business Visa ☐ Other *specify* _____

Occupation & Employer

Occupation _____

Employer _____

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial, military or ministerial position in New Zealand or overseas?

☐ No ☐ Yes *specify* _____

Authorisation
Are you authorised to instruct on the Account (i.e. an Authorised Person)?

☐ Yes ☐ No

TAXATION DETAILS

What is the your country of residence for tax purposes?

_____

New Zealand Tax Details

IRD Number | | | | | | | | |

Foreign Tax Details

Australian Tax Number | | | | | | | | |

US IRS Tax Identification Number *(SSN or TIN)* | | | | | | | | |

UK National Insurance Number | | | | | | | | | |

Other

Country _____ Identification Number _____

Country _____ Identification Number _____

E2 Second Director/Partner/Officer/Trustee

Role *please select one*

☐ Executor ☐ Trustee ☐ Advisory Trustee ☐ Protector

NAME & ADDRESS

Title *please select one*

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other _____

Full Name *first, middle and last name*

_____

Preferred Name *if different from above*

_____ _____

Residential Address *where you live, not a PO Box number*

_____

_____ **Post code** | | | | |

Mailing Address *if not the same as residential address*

_____

_____ **Post code** | | | | |

CONTACT DETAILS & COMMUNICATIONS

Please fill out all details and tick the box identifying the best way for us to contact you

☐ Home Ph _____ ☐ Mobile _____

☐ Work Ph _____ ☐ Email _____

Reports and communications will be delivered electronically.

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender ☐ Male ☐ Female

Date of Birth | D | D | M | M | Y | Y | Y | Y |

Town or City of Birth _____

Country of Birth ☐ NZ ☐ Other *specify* _____

Country of Citizenship ☐ NZ ☐ Other *specify* _____

Country of Tax Residency ☐ NZ ☐ Other *specify* _____

New Zealand Residency Status *tick one box only*

☐ Permanent Resident ☐ Resident Visa ☐ Work Permit

☐ Long Term Business Visa ☐ Other *specify* _____

Occupation & Employer

Occupation _____

Employer _____

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial, military or ministerial position in New Zealand or overseas?

☐ No ☐ Yes *specify* _____

Authorisation

Are you authorised to instruct on the Account (i.e. an Authorised Person)?

☐ Yes ☐ No

TAXATION DETAILS

What is the your country of residence for tax purposes?

_____

New Zealand Tax Details

IRD Number | | | | | | | | |

Foreign Tax Details

Australian Tax Number | | | | | | | | |

US IRS Tax Identification Number *(SSN or TIN)* | | | | | | | | |

UK National Insurance Number | | | | | | | | | |

Other

Country _____ Identification Number _____

Country _____ Identification Number _____

E3 Third Director/Partner/Officer/Trustee

Role *please select one*

☐ Executor ☐ Trustee ☐ Advisory Trustee ☐ Protector

NAME & ADDRESS

Title *please select one*

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other _____

Full Name *first, middle and last name*

_____

Preferred Name *if different from above*

_____ _____

Residential Address *where you live, not a PO Box number*

_____

_____ **Post code** | | | | |

Mailing Address *if not the same as residential address*

Post code

CONTACT DETAILS & COMMUNICATIONS

Please fill out all details and tick the box identifying the best way for us to contact you

☐ Home Ph ☐ Mobile

☐ Work Ph ☐ Email

Reports and communications will be delivered electronically.

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender ☐ Male ☐ Female

Date of Birth D D M M Y Y Y Y

Town or City of Birth

Country of Birth ☐ NZ ☐ Other *specify*

Country of Citizenship ☐ NZ ☐ Other *specify*

Country of Tax Residency ☐ NZ ☐ Other *specify*

New Zealand Residency Status *tick one box only*

☐ Permanent Resident ☐ Resident Visa ☐ Work Permit

☐ Long Term Business Visa ☐ Other *specify*

Occupation & Employer

Occupation

Employer

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial, military or ministerial position in New Zealand or overseas?

☐ No ☐ Yes *specify*

Authorisation

Are you authorised to instruct on the Account (i.e. an Authorised Person)?

☐ Yes ☐ No

TAXATION DETAILS

What is the your country of residence for tax purposes?

New Zealand Tax Details

IRD Number

Foreign Tax Details

Australian Tax Number

US IRS Tax Identification Number *(SSN or TIN)*

UK National Insurance Number

Other

Country Identification Number

Country Identification Number

E4 Listed Entity Director/Officer Details

Is any Director/Partner/Officer/Trustee/Authorised Person/Attorney 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

Registered Exchange

Director/Officer Name

Relationship to Listed Entity

Listed Entity Name

Registered Exchange

Director/Officer Name

Relationship to Listed Entity

Listed Entity Name

Registered Exchange

E5 Details of Beneficial Owners

Please provide details of ALL Beneficial Owners for the Client. A Beneficial Owner is a person who has effective control of the Client or a person who owns 10% or more of the Client.

Full Name	Relationship to Company	% Held

A BENEFICIAL OWNER
A Beneficial Owner is a person who has effective control of the Client or a person who owns 10% or more of the entity.

Section F must be completed

F Investor Declaration and Signatures

I/we confirm that I/we on behalf of the Investor (if applicable):

1. Have received a copy of the QuayStreet Funds Product Disclosure Statement and have received satisfactory answers to my/our questions (if any);
2. Understand that further information is available to me/us on the offer register: **business.govt.nz/disclose**;
3. Make application to invest and agree to be bound by the terms and conditions contained in the Product Disclosure Statement and associated documents;
4. Acknowledge that should my/our interest in a Fund become less than the PIE tax liability payable on income allocated to me/us at my/our advised Prescribed Investor Rate, I/we will indemnify the Fund for that amount (including any penalties or interest);
5. Where I/we have provided information about any other individual, I/we will make that individual aware that their information will be held by Smartshares Limited ("Smartshares") and its related entities and the Supervisor and may be disclosed to the Investment Adviser noted on this Application and to any administrator, auditor, tax adviser, custodian, or service provider as required for the proper maintenance of the investment. Their information may also be disclosed to the Financial Markets Authority. I/we understand that none of the Supervisor, Smartshares or any other representative, related entities or any other person guarantees the performance or obligations of the Funds;
6. Understand that I/we may request to see and, if necessary, request the correction of the personal information;
7. Agree that by providing the email address on this application form, Smartshares (or its related entities) may provide information by email regarding this investment;
8. Acknowledge that Smartshares has not provided financial or investment advice in respect of my/our participation in the QuayStreet Funds.
9. Agree to receive by email (or otherwise) information regarding other products and services of Smartshares or its related entities; or
10. The entity named in Section A of this Application Form is a US citizen or considered to be a US resident for US tax purposes.

    ☐ Yes ☐ No

Section F2 must be completed

F2 Signatures

Instructions for Signing

The following individuals must sign the Application Form and indicate their capacity (i.e. Director, Officer, Trustee, Partner, Witness, Attorney for <name of Director, Officer, Partner, Trustee>).

For Companies – This Application Form must be signed by:

- Those Directors in accordance with the signing authority for the Company; or
- If there is only one director, by that director whose signature must be witnessed; or
- One or more attorneys appointed by the Company in accordance with section 181 of the Companies Act 1993.

For Incorporated Entities – The Officers authorised by its rules to act on behalf of the Entity.

For Partnerships – All Partners. For the Partnership of Trusts, all Trustees.

For Unincorporated Associations – The Officers authorised to act on behalf of the Unincorporated Association, by its rules.

Where a person is signing as Attorney for an Applicant, a copy of the Power of Attorney must be provided and the Certificate of Non-Revocation of Power of Attorney must be completed and returned to Smartshares Limited with this Application Form.

SIGNING AS ATTORNEY

If you are signing this application form as attorney for an applicant, please contact Smartshares Limited to obtain a Certificate of Non-revocation of Power of Attorney, that must be signed in conjunction with this application form.

Full Name *first, middle and last name*

Capacity

Signature

Date D D M M Y Y Y Y

Full Name *first, middle and last name*

Capacity

Signature

Date D D M M Y Y Y Y

You are required to return the Application Form within one month from the date of signing, otherwise we may, at our sole discretion require you to complete a new Application Form or provide additional documentation to verify information in the Application Form.

Smartshares Limited will retain the original copy of this Application Form. Please contact us if you require a copy for your records. If this Application Form is completed and sent to Smartshares Limited electronically, please ensure that the original Application Form is sent to us by post.

Section G must be completed

IDENTITY VERIFICATION

Identity verification documents held by Smartshares Limited must always be current, hence you may be asked to update your identity verification documents from time to time.

Smartshares Limited may request to sight the original of any identity verification document that has been copied and used by you for identity verification purposes.

THE CERTIFIER:

- must be at least 16 years old
- cannot be your spouse or partner
- cannot be related to you
- cannot live at the same address as you
- cannot be involved in the transaction or business requiring certification.

PHOTO ID

Photo ID provided must be of a quality to enable the person's identity to be verified.

IDENTITY OF A MINOR

Must be verified by providing photo ID (including proof of age), or if not available, by providing a certified copy of the minor's birth certificate.

G Identity Verification Requirements

To comply with our obligations under the Anti-Money Laundering and Countering the Financing of Terrorism Act (AML/CFT Act) we are required to collect information on the identity and address of our unit holders, any person authorised to act on behalf of our unit holders and any beneficial owner of our unit holders, and to verify this information using relevant identification documents.

The collection and verification of information may vary depending on, amongst other things, client type, country of birth and country of residence. In some instances enhanced due diligence may be required in order to complete the account opening process and ensure our continued compliance with the AML/CFT Act. Identification documents provided must be current at the time of presentation i.e. not expired where an expiry date is applicable to the form of identification.

Certification

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.

Certified documents must include the full name, occupation and an original signature of the certifier and the date of certification. Certification must have been carried out in the three months preceding presentation of the copied documents. The certifier must sight the original documents and make a statement that the documents provided are a true copy and represent the identity of the named individual.

PROOF OF IDENTITY

For each Individual or Attorney appointed under a Power of Attorney, please provide the following documents:

Option 1

DOCUMENT REQUIRED

A certified copy of **one** of the following:

- ☐ New Zealand or overseas passport containing your name, date of birth, photograph and signature
- ☐ New Zealand firearms licence
  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 your Client Agreement.
- ☐ A national identity card issued by a foreign government, the United Nations or an agency of the United Nations containing your name, date of birth, photograph and signature

OR

or Option 2 (A New Zealand Driver Licence and a second document from the list below)

DOCUMENT REQUIRED

A certified copy of:

- ☐ New Zealand driver licence

DOCUMENT REQUIRED

AND a certified copy of one of the following:

- ☐ New Zealand full birth certificate
- ☐ Certificate of New Zealand or overseas citizenship
- ☐ A credit card, debit card or eftpos card issued by a New Zealand registered bank that contains your full name and signature
- ☐ A bank statement issued by a New Zealand registered bank in the 12 months immediately preceding the date of the application
- ☐ A statement issued to you by a government agency in the 12 months immediately preceding the date of the application e.g. Inland Revenue
- ☐ SuperGold card

DOCUMENT REQUIRED

For Minor (if photo ID is not available)

- ☐ Birth Certificate

PROOF OF RESIDENTIAL ADDRESS

DOCUMENT REQUIRED

A certified copy of one of the following issued within the last three months that includes your name and address:

- ☐ Utilities bill
- ☐ Rates bill
- ☐ Bank account statement
- ☐ A statement issued to you by a government agency in the 12 months immediately preceding the date of the application e.g. Inland Revenue

PROOF OF BANK ACCOUNT

DOCUMENT REQUIRED

Please provide a copy of one of the following:

- ☐ A bank encoded deposit slip with pre-printed details of your bank account name and number
- ☐ A copy of a bank account statement
- ☐ A verification letter or other document of confirmation provided by your bank
- ☐ A printed version of your bank account details from your online banking

QuayStreet Funds
Direct Debit Form

Please read conditions overleaf.

This form is to be completed if you have selected to make contributions direct to your QuayStreet Fund Account from a nominated bank account.

Investment Date for Direct Debit

Please indicate the frequency and commencement date for this Direct Debit to be deducted from your account. If you require the funds to be deducted on a set day, please indicate below. If the days falls on a non-business day, the Direct Debit will take effect on the next business day.

Commencement Date: | D | D | M | M | Y | Y |

Frequency of Direct Debit ☐ Weekly ☐ Monthly ☐ Quarterly

Day of Direct Debit (if required) ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Client Account Name _____

Client Account Number _____

Authority to Accept Direct Debits

not to operate as an assignment or agreement

I/we authorise you until further notice in writing to debit my/our account with all amounts which New Zealand Guardian Trust as Supervisor for QuayStreet Fund Scheme (herein after 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 on the rear of this form.

Name of Account *to be debited*

_____

Account Details

BANK		BRANCH			ACCOUNT NUMBER							SUFFIX		

Authorisation Code | 0 | 3 | 3 | 2 | 1 | 6 | 7 | **Date** | D | D | M | M | Y | Y | Y | Y |

To The Bank Manager,

Bank Name _____

Bank Branch _____

Before signing this direct debit form, please ensure you have read the conditions overleaf.

Authorised Signature(s)

Full Name *first, middle and last name*

_____

Signature _____ Date | D | D | M | M | Y | Y | Y | Y |

Full Name *first, middle and last name*

_____

Signature _____ Date | D | D | M | M | Y | Y | Y | Y |

Return via post to:

Customer Services Team
PO Box 105262
Auckland 1143

Phone: 0800 782 900
Email: info@quaystreet.com

If the Bank Account being debited is in a name other than the name of the QuayStreet Fund Account please provide details from the Bank of those persons authorised to give instructions on the Bank Account. Details should include Account Name, Account Number and name and signatures of Authorised persons.

For bank use only

Approved	**Date Received**	| D | D | M | M | Y | Y | Y | Y |	**Bank Stamp**
3216 08 14	**Recorded By**	_____	
	Checked By	_____	

A

Conditions of this Authority to Accept Direct Debits

1. **The Initiator:**

   (a) Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated. This notice will be provided in writing (including electronic means and SMS where the Customer has provided prior written consent, including by electronic means including SMS, to communicate electronically).

   The advance notice will include the following message:

   "Unless advice to the contrary is received from you by (date*), the amount of $..... will be directly debited to your bank account on (initiating date)."

   (b) 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.

   (c) May, upon receiving an "authority transfer form" (dated after the day 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 for the account identified in the authority transfer form.

   ** This date will be at lease two (2) days prior to the initiating date to allow for amendment of Direct Debits.*

2. **The Customer may:**

   (a) At any time, terminate this Authority as to future payments by giving written notice of the termination to the Bank and to the Initiator.

   (b) 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.

3. **The Customer acknowledges that:**

   (a) 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.

   (b) 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.

   (c) 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 dispute lies between me/us and the Initiator.

   (d) 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:

   (i) the accuracy of information about Direct Debits on Bank statements

   (ii) any variations between notices given by the Initiator and the amounts of Direct Debits.

   (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written notice correctly 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.

4. **The Bank may:**

   (a) 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.

   (b) At any time terminate this Authority as to future payments by notice in writing to me/us.

   (c) Charge its current fees for this service in force from time to time.

   (d) 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 Debit.

SEND APPLICATION FORM TO:

- **Smartshares Limited**
- **QuayStreet Funds**

  Customer Services Team

  PO Box 105262

  Auckland 1143
- Telephone: **0800 782 900**
- Email: **info@quaystreet.com**
- Website: **www.quaystreet.com**

QUAYSTREET®
ASSET MANAGEMENT

P. 0800 782 900 // E. INFO@QUAYSTREET.COM
SMARTSHARES LIMITED, LEVEL 15, 45 QUEEN STREET, PO BOX 105262, AUCKLAND 1143