QUAYSTREET FUNDS

APPLICATION FORM
INDIVIDUAL

QUAYSTREET®
ASSET MANAGEMENT

RISK TOLERANCE QUESTIONNAIRE

How to identify your risk profile

Complete the following questionnaire. Circle **one** response per question that is most appropriate for you.

Q1. What age bracket are you in?	CIRCLE ONE
> 35 years or under	10
> 36 to 45 years	7
> 46 to 55 years	4
> Over 55 years	1

Q2. What is your investment time frame?	
> Less than 5 years	1
> Between 5 & 7 years	4
> Between 8 & 10 years	7
> Greater than 10 years	10

Q3. Investment funds may rise and fall in value. Which statement best describes your feelings towards fluctuations in value?	
> I wish to preserve my capital and am unwilling to accept any decline in the value of my investment.	1
> I can accept only marginal fluctuations in the value of my investments.	3
> I understand that pursuing higher returns may mean accepting fluctuations in the value of my investments.	5
> I can accept a reasonable degree of fluctuations in the value of my investments.	7
> My aim is to achieve long-term growth. I can accept a higher degree of fluctuations in the value of my investments.	10

Q4. Choose the statement that best describes your feelings towards investments	
> I prefer an investment portfolio with low or minimal risk, recognising there may be limited capital growth potential.	1
> I prefer an investment portfolio of lower to medium-risk funds that offers conservative growth potential.	3
> I prefer an investment portfolio of medium-risk funds that offers balanced growth potential over a medium term.	5
> I prefer an investment portfolio of medium to higher-risk funds with higher potential returns over a longer term.	7
> I prefer higher-risk investments that offer the highest potential returns over the longer term.	10

YOUR TOTAL SCORE.
Add up the number that corresponds to each of your circled responses for questions 1 to 4.

TOTAL

YOUR SCORE	YOUR RISK PROFILE
Lower Risk: Less than 15	based on your score your risk profile is conservative.
Medium Risk: 16 to 29	based on your score your risk profile is moderate.
Higher Risk: 30 and above	based on your score your risk profile is aggressive.

This tool is intended to provide general guidance only and is not a substitute for a detailed investment plan. This tool is not intended to constitute regulated financial advice and does not take into account your particular financial situation, objectives or goals. We recommend you seek advice before making any investment decision. Investments are subject to risks and returns are not guaranteed. If you have completed this tool, and would like to discuss your findings and investment opportunities, contact our Customer Services Team on **0800 782 900**.

QuayStreet Funds Application Form

This Application Form is suitable for individuals only. If you are applying on behalf of a trust or company please download the applicable Application Form from quaystreet.com/documents

A Account Details

If the applicant is a minor (individual under the age of 18 years), a parent or guardian of the minor will need to complete Section A1 and the Minor Section A3.

Section A1 must be completed

This completed Application Form should be returned to:

Customer Services Team
PO Box 105262
Auckland 1143

Phone: 0800 782 900

A1 Individual or Primary (First) Applicant

Main contact for this account / Parent or Guardian of a minor

NAME & ADDRESS

Title *please select one*

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

First Name **Middle Name** **Last Name**

_____ _____ _____

Preferred Name *if different from above*

_____ _____

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

_____

_____ **Postcode** | | | | |

Mailing Address *if not the same as residential address*

_____

_____ **Postcode** | | | | |

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 & communications will be delivered electronically.

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender ☐ Male ☐ Female ☐ Prefer not to say

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 Residency ☐ NZ ☐ Other *specify* _____

New Zealand Residency Status *tick one box only*

☐ Permanent Resident/Citizen ☐ Resident Visa ☐ Work Permit

☐ Long Term Business Visa ☐ Other *specify*

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Occupation & Employer

Occupation ☐ Retired

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 *(please provide details below)*

Name

Relationship to Account Holder

Public Office Position Held

Dates Position Held

Section A2 must be completed

IDENTITY VERIFICATION
Identity verification documents held by Smartshares must always be current, hence you may be asked to update your identity verification documents from time to time. Smartshares may request to sight the original of any identity verification document that has been used by you for identity verification purposes.

A2 Identity and Address Verification

We can identify you one of two ways:

1. **Electronically** - By selecting this option you are authorising Smartshares Limited to use your personal information to verify your identity and residential address electronically with information held in third party databases (including the Department of Internal Affairs, NZ Transport Agency and a credit reporting agency).

   IF ELECTRONICALLY *please provide details for **one** of the following:*

   ☐ **NZ Passport**

   NZ Passport Number | Expiry Date | D D M M Y Y Y Y

   ☐ **NZ Driver Licence**

   NZ Driver Licence Number | Card Version Number | Expiry Date | D D M M Y Y Y Y

   We will contact you if we are unable to verify your identity information electronically

   ☐ **I authorise Smartshares Limited to electronically verify my identity and residential address.**

2. **Manually** - If you choose manual verification, you will need to provide us with certified copies of the documents listed in the Manual Identity Verification Requirements (page 12).

TAX DETAILS

Country of Tax Residence ☐ NZ ☐ Other *please specify*

IRD Number | | | | | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No ☐ Yes ☐ No

Please contact your tax adviser if you require assistance completing this section.

FOREIGN TAX DETAILS

If you are a tax resident in any other country apart from New Zealand, please provide the details below.

If a TIN is unavailable please provide the appropriate reason a, b or c where indicated below:

a) the country/jurisdiction does not issue TINs to its residents

b) you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)

c) no TIN is required (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

COUNTRY OF TAX RESIDENCE

In general, you will find that tax residence is the country/ jurisdiction in which you live.

FOREIGN TAX DETAILS

Please refer to the Tax Residency Self-Certification Form Guidance note in section J.

If you answered yes, to the US question please provide us with one of the following US Tax Identification Numbers (TIN)

- Social Security Number "SSN"
- Employer Identification Number "EIN"
- Individual Taxpayer Identification Number "ITIN"
- Taxpayer Identification Number for Pending U.S. Adoptions "ATIN"
- Preparer Taxpayer Identification Number "PTIN"

Complete Section A3 if applicable

Country/Jurisdiction of Tax Residence	TIN	If no TIN available please select reason a, b or c from above *if applicable*
1.		
2.		
3.		

Please explain why you are unable to obtain a TIN if you selected reason **b** above.

A3 Joint (Second) Applicant or Minor

The Joint (Second) Applicant should only fill out details in this section that are different from the Primary Applicant.

NAME & ADDRESS

Title *please select one*

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

First Name **Middle Name** **Last Name**

Preferred Name *if different from above*

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

Postcode

Mailing Address *if not the same as residential address*

Postcode

Relationship with Primary Applicant *e.g. wife, husband, partner*

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 Residency ☐ NZ ☐ Other *specify*

QUAYSTREET® ASSET MANAGEMENT

New Zealand Residency Status *tick one box only*

☐ Permanent Resident/Citizen ☐ Resident Visa ☐ Work Permit

☐ Long Term Business Visa ☐ Other *specify* _____

Occupation & Employer

Occupation _____ ☐ Retired

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 *(please provide details below)* _____

Name _____

Relationship to Account Holder _____

Public Office Position Held _____

Dates Position Held _____

A4 Identity and Address Verification

Section A4 must be completed

IDENTITY VERIFICATION

Identity verification documents held by Smartshares must always be current, hence you may be asked to update your identity verification documents from time to time. Smartshares may request to sight the original of any identity verification document that has been used by you for identity verification purposes.

We can identify you one of two ways:

1. **Electronically** - By selecting this option you are authorising Smartshares Limited to use your personal information to verify your identity and residential address electronically with information held in third party databases (including the Department of Internal Affairs, NZ Transport agency and a credit reporting agency).

   IF ELECTRONICALLY *please provide details for **one** of the following:*

   ☐ **NZ Passport**

   NZ Passport Number _____ Expiry Date | D | D | M | M | Y | Y | Y | Y |

   ☐ **NZ Driver Licence**

   NZ Driver Licence Number _____ Card Version Number _____ Expiry Date | D | D | M | M | Y | Y | Y | Y |

   We will contact you if we are unable to verify your identity information electronically

   ☐ **I authorise Smartshares Limited to electronically verify my identity and residential address.**

2. **Manually** - If you choose manual verification, you will need to provide us with certified copies of the documents listed in the Manual Identity Verification (page 12).

TAX DETAILS

Please contact your tax adviser if you require assistance completing this section.

COUNTRY OF TAX RESIDENCE

In general, you will find that tax residence is the country/ jurisdiction in which you live.

Country of Tax Residence ☐ NZ ☐ Other *please specify* _____

IRD Number | | | | | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No ☐ Yes ☐ No

FOREIGN TAX DETAILS

Please refer to the Tax Residency Self-Certification Form Guidance note in section J.

If you answered yes, to the US question please provide us with one of the following US Tax Identification Numbers (TIN)

- Social Security Number "SSN"
- Employer Identification Number "EIN"
- Individual Taxpayer Identification Number "ITIN"
- Taxpayer Identification Number for Pending U.S. Adoptions "ATIN"
- Preparer Taxpayer Identification Number "PTIN"

FOREIGN TAX DETAILS

If you are a tax resident in any other country apart from New Zealand, please provide the details below.

If a TIN is unavailable please provide the appropriate reason a, b or c where indicated below:

a) the country/jurisdiction does not issue TINs to its residents

b) you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)

c) no TIN is required (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of Tax Residence	TIN	If no TIN available please select reason a, b or c from above *if applicable*
1.		
2.		
3.		

Please explain why you are unable to obtain a TIN if you selected reason **b** above.

Section B must be completed

PRESCRIBED INVESTOR RATE (PIR)

A PIR is the rate at which income from a PIE is taxed.

To work out the PIR, go to ird.govt.nz/roles/portfolioinvestment-entities/find-myprescribed-investor-rate

B Taxation Information for the Account

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

Prescribed Investor Rate (PIR)

select one option only

☐ 10.5% ☐ 17.5% ☐ 28%

New Zealand Tax Details

IRD Number

(This IRD number is the primary number for the account)

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

Section C must be completed

C Investment Direction

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%

Future contributions will be invested as per your investment direction. You can change these at any time by contacting us.

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 D must be completed

CONTRIBUTIONS
Your contributions will not be invested until you have provided the Manager your portfolio selection.

D Contributions

D1 Regular Contributions

Amount $ _____ ☐ Weekly ☐ Monthly ☐ Quarterly

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

Regular contribution funds are to be sourced from

☐ Nominated bank account - *please complete the Direct Debit form at the end of this Application Form*

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

D2 Lump Sum Contribution

Amount $ _____

> Lump sum contributions can be made by selecting 'QuayStreet Funds' as the registered payee via internet banking or your mobile banking app, or can be paid to NZGT ASF QuayStreet Funds | 03-0104-0589315-00

Section E must be completed

E Source of Funds and Nature and Purpose of Business Relationship

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.

☐ Salary / Wages

☐ Other *please provide as much detail as possible*

_____

_____

_____

_____

_____

We may contact you if we require further information from you regarding your Source of Funds.

> 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 obtain access to a diversified managed fund

☐ To help grow savings

☐ To obtain access to funds that invest in 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 F must be completed

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.

F Investor Declaration and Signatures

1. I/we have received, read, and understood the QuayStreet Funds Product Disclosure Statement ('Product Disclosure Statement') and have received satisfactory answers to my/our questions (if any);
2. I/we understand that further information is available to me/us on the offer register: disclose-register.companiesoffice.govt.nz;
3. I/we make this application to invest in the QuayStreet Funds and agree to be bound by the terms and conditions set out in the Product Disclosure Statement (including this application form), and any register entry held on disclose-register.companiesoffice.govt.nz, for the Funds;
4. I/we 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. 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. I/we acknowledge that Smartshares has not provided financial or investment advice in respect of my/our participation in the QuayStreet Funds;
7. I/we acknowledge I/we are aware of the limitations of class advice;
8. I/we understand that the Supervisor and Smartshares and their related entities will hold personal information in respect of me/us supplied in this form (and which I/we may provide in the future) in relation to my/our investment. I/we consent to the Supervisor and Smartshares and their related entities using my/our information to verify my/our identity, to process this application and manage my investment. Smartshares and its related entities can disclose my/our personal information to my/our Investment Adviser and to any administrator, auditor, tax adviser, contractor, Supervisor and custodian, any adviser or person as required for the proper maintenance of the investment;
9. I/we acknowledge that the information contained in this Application Form and in relation to any Reportable Account(s) may be provided to the Inland Revenue Department and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
10. I/we confirm that if Electronic Identity and Address Verification was selected in this form, I/we consent to Smartshares and its related entities using the personal information that I/we have provided to verify my/our identity electronically and where necessary disclosing the information to external and independent agencies for the purpose of matching my/our information with identification information held in third party databases including the Department of Internal Affairs, the New Zealand Transport Authority and a credit reporting agency.
11. I/We undertake to advise Smartshares within 30 days of any change in circumstances which:
    a. affects the tax residency status of any person associated with this account; or
    b. causes the information contained herein to become incorrect or incomplete;

    and, if so, to provide Smartshares with a suitably updated self-certification and declaration within 60 days of such change in circumstances.
12. I/we authorise the Supervisor, Smartshares and their related entities to disclose my/our personal information to the Financial Markets Authority under the Financial Markets Conduct Act 2013 or where required to comply with laws in New Zealand or overseas;
13. I/we authorise the Supervisor, Smartshares and their related entities to disclose my/our personal information to third parties including police or government agencies in New Zealand or overseas where such information is required to enable the Supervisor, Smartshares and their related entities to comply with laws in New Zealand or overseas including the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, or where it is believed that giving the information will help prevent fraud, money laundering or other crimes.
14. I/we understand that the information provided in this Application Form will be handled in accordance with the QuayStreet Privacy Statement. The Privacy Statement is available at quaystreet.com/privacy-statement.
15. I/we understand that I/we may request to see and, if necessary, request the correction of the personal information;
16. I/we agree that by providing my/our email address on this application form, Smartshares may provide information by email to me/us regarding this investment (including annual reports);

I/we confirm the information supplied on this Application Form is correct:

☐ Yes ☐ No

First Name _____ **Middle Name** _____ **Last Name** _____

QUAYSTREET® ASSET MANAGEMENT

CAPACITY
Please enter the 'Capacity' in which you are signing this Application Form i.e. Self; Attorney for the Client; Parent or Guardian for a Minor.

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.

Capacity

Signature

Date D D M M Y Y Y Y

First Name | Middle Name | Last Name

Capacity

Signature

Date D D M M Y Y Y Y

G Manual Identity Verification Requirements

You must return Proof of Identity Document(s) for each applicant.

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.

IDENTITY VERIFICATION
Identity verification documents held by Smartshares must always be current, hence you may be asked to update your identity verification documents from time to time. Smartshares may request to sight the original of any identity verification document that has been used by you for identity verification purposes.

EXAMPLE WORDING TO BE USED ON CERTIFICATION
"I certify this to be a true copy of the original document which I have sighted, and where it is an identity document, represents the identity of the named individual in the document; Signature, Full Name, Occupation, Date."

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.

G1 Proof of Identity for an Adult

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

DOCUMENT REQUIRED

Option 1
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)
A certified copy of:

DOCUMENT REQUIRED

- ☐ New Zealand driver licence

AND a certified copy of one of the following:

DOCUMENT REQUIRED

- ☐ 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

G2 Proof of Identity for a Minor

Please provide a certified copy of the following:

DOCUMENT REQUIRED

Required

- ☐ Full birth certificate – for Minor; **and**
- ☐ Parent/Guardians proof of identity (as above in section I1)
- ☐ New Zealand or overseas passport containing the minors name, date of birth, photograph and signature (if available); **and**

If Guardian

- ☐ Guardianship Order (if relevant)

G3 Proof of Residential Address

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

DOCUMENT REQUIRED

- ☐ 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

G4 Proof of Bank Account

Please provide an original or certified copy of one of the following:

DOCUMENT REQUIRED

- ☐ A bank encoded deposit slip with pre-printed details of your bank account name and number
- ☐ 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

H Tax Residency Self-Certification Guidance

Please read these instructions before completing your foreign tax details.

Legislation to implement the OECD Common Reporting Standard ("CRS")" and the US Foreign Account Tax Compliance Act ("FATCA") in New Zealand require Smartshares to collect and report certain information about our clients' tax residence. Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if you are resident in the jurisdiction on the OECD Automatic Exchange of Information portal. In general, you will find that tax residence is the country/jurisdiction in which you live. Special circumstances may cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual residency). If you are a U.S. citizen or tax resident under U.S. law, you should indicate that you are a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form. For more information on tax residence, please consult your tax adviser or the information at the OECD Automatic Exchange of Information portal.

If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside New Zealand, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the Inland Revenue Department and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

As a financial institution, we are not allowed to give tax advice.

Your tax adviser may be able to assist you in answering specific questions on this Client Agreement. Your domestic tax authority can provide guidance regarding how to determine your tax status.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD Automatic Exchange of Information portal and the Inland Revenue Department website.

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

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.

QUAYSTREET®

ASSET MANAGEMENT

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