QUAYSTREET FUNDS

APPLICATION FORM
TRUST OR DECEASED ESTATE

QUAYSTREET®
ASSET MANAGEMENT

QuayStreet Funds Application Form Trust / Deceased Estate

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

This application form is suitable for a trust or deceased estate only. If you are applying on behalf of an individual or a company please download the Applicable Form from quaystreet.com/documents.

A Investor Details

Name of Trust or Deceased Estate *please insert the full name of the Trust/Deceased Estate*

Type of Trust *please select one*

☐ Family ☐ Charitable

☐ Estate ☐ Other *please specify*

Trust Description *please select one*

☐ Discretionary ☐ Charitable ☐ Trust with more than 10 beneficiaries

☐ Other *please specify*

Country Where Trust was Established *please select one*

☐ NZ ☐ Other *please specify*

Date Trust was created | D | D | M | M | Y | Y | Y | Y |

Duration of Trust

Is the entity registered under the Charitable Trusts Act 1957 and the Charities Act 2005?

☐ No

☐ Yes, please provide registration number

Mailing Address

Post code | | | | |

CONTACT DETAILS & COMMUNICATIONS

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

☐ Work Ph ☐ Mobile

☐ Email

A1 Taxation Information for the Investor

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

Your Financial Year

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

Taxation - PIR

Prescribed Investor Rate (PIR): ☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28%

What is the Trust or Deceased Estate's country of residence for tax purposes?

_____

IRD Number | | | | | | | | |

FATCA

Is the entity a foreign financial institution?

☐ Yes, please provide GIIN ☐ No

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

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

Is the entity an Exempt Beneficial Owner?

☐ Yes ☐ No

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

☐ Yes ☐ No

If Yes, what is the primary source of income under the FATCA definitions?

☐ Active Income ☐ Passive Income

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 _____

PIR
A PIR is the rate at which income from a PIE is taxed and is based on your taxable income.

GIIN
Obtained by registering with the Internal Revenue Service for entities considered to meet the definition of a Foreign Financial Institution. 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).

NFFE
Non-Financial Foreign Entity is a foreign (i.e. New Zealand) entity that is excluded from the definition of a foreign financial institution. Foreign financial institutions include entities that: are in the ordinary course of banking or similar business, hold financial assets for the account of others, carry on the business of investing, managed by another financial institution, a trustee that is a financial institution.

Please consult a professional adviser if you are unsure as to whether your entity is a FFI or NFFE.

ACTIVE OR PASSIVE INCOME
Is in relation to the primary source of income for the business (i.e. greater than 50% of income generated). Active refers to entities carrying on an activity with goods or services. Passive income includes such sources as: dividends, interest, rents and royalties.

Please consult a professional adviser if you have any queries regarding the primary source of income for your entity.

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 tax return.

NON-RESIDENT PIR
Please refer to the Inland Revenue Department, ird.govt.nz, if you are unsure of your PIR.

TESTAMENTARY TRUST
If your trust is a Testamentary Trust, you may also elect a PIR of 10.5%.

A2 Work out your Prescribed Investor Rate (PIR)

A PIR is required if you have invested in, or are considering investing in a Portfolio Investment Entity (PIE).

TRUST

New Zealand Resident
You may elect a PIR of 28%, 17.5% or 0%, to best suit your beneficiaries of the trust.

Non-New Zealand Resident
If you are investing in a PIE, but you are not a resident of New Zealand for tax purposes, then your PIR will be 28%.

B Fund Selection

Section B must be completed

CONTRIBUTIONS
Your contributions will not be invested until you have provided the Manager with an 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%

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	☐	☐

C Contributions

Section C must be completed

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 $ _____

D Contributions to be Sourced From

Section D must be completed

☐ Nominated bank account - please complete the Direct Debit form on page 31

Section E must be completed

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

SOURCE OF FUNDS
For a trust, this may be the origin of the Settlor's wealth or the source of any income that the trust is receiving.

ACCEPTABLE DOCUMENTS
Acceptable documents to verify the source of funds:
- Sale & Purchase Agreements for a property/ business
- Pay slip - letter from an employer
- Business financials
- Proof of drawings from a business
- Wills and any other reliable legal docs regarding gifting or inheritance

CERTIFIED COPY
Please refer to Section I, heading "Certification" for more information.

E Source of Funds or Wealth of the Trust/Deceased Estate and Nature and Purpose of the Business Relationship

We are required to obtain:

- Information relating to the original source of wealth or the source of funds for the Trust/ Deceased Estate.
- 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.

SOURCE OF FUNDS OR WEALTH

Please select from the list below and provide a detailed description of the origin of the Settlor's Wealth or the Funds of the Trust/Deceased Estate.

DOCUMENT REQUIRED

☐ **Employment earnings** *(please specify the nature and period of employment)*

☐ **Sale of a property** *(please specify the date of sale, type of property and location)*

☐ **Inheritance** *(please specify the date and type of inheritance)*

☐ **Income from a company** *(please specify the company, amount, type and frequency of payments)*

☐ **Deposit(s) from a family bank account** *(please specify the amount, type and frequency of payments)*

☐ **Other** *(please provide a detailed description of the activity that generated the Settlor's wealth or funds)*

NATURE AND PURPOSE OF RELATIONSHIP

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 my savings
☐ To save for my retirement
☐ To save for my children's education
☐ To manage an inheritance
☐ To obtain access to new issues
☐ To obtain access to international securities
☐ To generate income
☐ Other *(please provide as much detail as possible)*

E1 Professional Advisers for the Trust/Deceased Estate

Accountant's Name

Firm

Mailing Address

Postcode

Work Ph

Email

Do you want us to send your end-of-year taxation summary to your tax adviser?

Yes *by email* No

Solicitor's Name

Firm

Mailing Address

Postcode

Work Ph

Email

F Details of Trustees or Executors

Section F1 must be completed

IF THE ACCOUNT IS FOR TWO TRUSTS OWNING SECURITIES TOGETHER
Please give full details of the Trustees for each Trust. At least one Trustee/Executor must be an Authorised Person and be recorded in this section.

Details are required from the following:
> **For Trusts** – All Trustees. > **For Deceased Estates** – All Executors.

F1 First Trustee or Executor

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.

☐ Home Ph ☐ Mobile

☐ Work Ph ☐ Email

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*

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

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

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 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.

FOREIGN TAX DETAILS

Please read the Tax residency self-certification instructions in Section G1 before completing this section. Section G1 will outline how your foreign tax details are collected, held and disclosed.

TIN

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"

Please explain why you are unable to obtain a TIN if you selected reason **b** on the previous page.

Authorisation

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

☐ Yes ☐ No

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 used by you for identity verification purposes.

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 (page 29).

F2 Second Trustee or Executor

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.

☐ Home Ph _____ ☐ Mobile _____

☐ Work Ph _____ ☐ Email _____

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* _____

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.

FOREIGN TAX DETAILS

Please read the Tax residency self-certification instructions in Section G1 before completing this section. Section G1 will outline how your foreign tax details are collected, held and disclosed.

TIN

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"

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

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

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.

Authorisation

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

☐ Yes ☐ No

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 used by you for identity verification purposes.

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 (page 29).

Complete if applicable

F3 Third Trustee or Executor

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.

☐ Home Ph ☐ Mobile

☐ Work Ph ☐ Email

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*

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.

COUNTRY OF TAX RESIDENCE

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

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

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.

Authorisation

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

☐ Yes ☐ No

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 used by you for identity verification purposes.

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 (page 29).

Complete if applicable

F4 Company as Trustee

Role *please select one*

☐ Executor ☐ Trustee ☐ Advisory Trustee ☐ Protector

COMPANY NAME & ADDRESS

Company Name

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 the company.

Registered Office Address *if not the same as mailing address*

Post code

Principal Place of Business *if not the same as registered office*

Post code

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

☐ Work Ph ☐ Mobile

☐ Email

Does the Company have:

☐ Nominee Shareholders ☐ Shares in Bearer Form

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).

GIIN Number

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

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 National Insurance Number

Other Country Identification Number

Country Identification Number

IDENTITY VERIFICATION FOR THE COMPANY

☐ Copy of Certificate of Incorporation

Authorisation
Are you authorised to instruct on the Account (i.e. an Authorised Person)? ☐ Yes ☐ No

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

DETAIL OF BENEFICIAL OWNERS

Please provide details of ALL Beneficial Owners for the Company below and complete an Additional Individual Details Form provided in Section K for each person who has not already provided their personal details. Your Investment Adviser can provide additional copies.

Full Name	Relationship to Company	% Held

Complete if applicable

PERSON AUTHORISED TO ACT ON BEHALF OF THE COMPANY AS TRUSTEE

If the Company acting as Trustee is authorised to instruct on the Account, please provide us with the name of the person who is authorised to act on behalf of the Company.

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 business address*

_____

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

Relationship to Company

_____

CONTACT DETAILS & COMMUNICATIONS

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

☐ Work Ph _____ ☐ Mobile _____

☐ Email _____

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* _____

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

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

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.

_____

_____

_____

Authorisation

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

☐ Yes ☐ No

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.

FOREIGN TAX DETAILS

Please read the Tax residency self-certification instructions in Section G1 before completing this section. Section G1 will outline how your foreign tax details are collected, held and disclosed.

TIN

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"

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 used by you for identity verification purposes.

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 (page 29).

Complete if applicable

F5 First Settlor

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** | | | | |

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 _____

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* _____

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

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

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.

_____

_____

_____

Authorisation

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

☐ Yes ☐ No

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.

FOREIGN TAX DETAILS

Please read the Tax residency self-certification instructions in Section G1 before completing this section. Section G1 will outline how your foreign tax details are collected, held and disclosed.

TIN

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"

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 used by you for identity verification purposes.

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 (page 29).

Complete if applicable

F6 Second Settlor

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** | | | | |

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 _____

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* _____

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

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

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.

_____

_____

_____

Authorisation

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

☐ Yes ☐ No

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.

FOREIGN TAX DETAILS

Please read the Tax residency self-certification instructions in Section G1 before completing this section. Section G1 will outline how your foreign tax details are collected, held and disclosed.

TIN

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"

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 used by you for identity verification purposes.

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 (page 29).

F7 Third Settlor

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** | | | | |

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 _____

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* _____

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

FOREIGN TAX DETAILS (OTHER THAN NEW ZEALAND)

Please provide your TIN for each country/jurisdiction of tax residency indicated.

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.

_____

_____

_____

Authorisation

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

☐ Yes ☐ No

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.

FOREIGN TAX DETAILS

Please read the Tax residency self-certification instructions in Section G1 before completing this section. Section G1 will outline how your foreign tax details are collected, held and disclosed.

TIN

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"

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 used by you for identity verification purposes.

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 (page 29).

F8 Listed Entity Director/Officer Details

Is any Trustee/Executor/Settlor/Authorised Person/Power of 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 _____

F9 Authorisation to Transact on behalf of the Investor

☐ **Single Authorisation** – *Tick if any one person can authorise a transaction on this account.*

☐ **Multiple Authorisation** – *Tick if more than one person must authorise a transaction on this account and please indicate below which persons (including any authorised persons) are required to jointly authorise a transaction.*

Name *first, middle and last name*

Name *first, middle and last name*

Name *first, middle and last name*

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

F10 Detail of Beneficial Owners

Please provide details of ALL Beneficial Owners for the Trust/Estate below and complete an Additional Individual Details Form for each person who has not already provided their personal details. Your Investment Adviser can provide additional copies.

Full Name	Relationship to Company	% Held

G Detail of Beneficiaries

In complying with our obligations under the AML/CFT Act we are required to obtain information relating to the beneficiaries of the Trust.

If the Trust is a Discretionary Trust, Charitable Trust or a Trust with more than 10 Beneficiaries please provide a description of each class or type of beneficiary.

If the Trust is a Charitable Trust please provide details of the objectives of the Trust.

For all other Trusts please provide name and date of birth for each Beneficiary.

Full Name *first, middle and last name*

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

Full Name *first, middle and last name*

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

Full Name *first, middle and last name*

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

Full Name *first, middle and last name*

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

G1 Tax Residency Self-Certification

Please complete the following Tax Residency Self-Certification on behalf of the Trust/Deceased Estate. We may be required to pass this information to the Inland Revenue Department (IRD), who may then pass this information to any relevant overseas tax authorities.

If you have any questions regarding this section, please contact your tax adviser. Further information about both CRS and FATCA can be found on the IRD website.

TIN

TINs are different in each country e.g. UK National Insurance Number, in the U.S the TIN number includes a SSN, EIN, ITIN, ATIN and PTIN.

G2 NZ Tax Details

Please complete the following table indicating:

(i) the Trust/Deceased Estate tax residency; and

(ii) the Trust/Deceased Estate TIN for each country/Reportable Jurisdiction indicated. If the Trust/Deceased Estate is not tax resident in any country/jurisdiction (e.g. because it is fiscally transparent), please indicate that on line 1 and provide the place of effective management or jurisdiction in which the principal office is located.

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

a) the country/jurisdiction where the Trust/Deceased Estate is resident does not issue TINs to its residents

b) the Trust/Deceased Estate is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table 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.

G3 Entity Classification

NFE
Non Financial Entity i.e. an entity that is not a Financial Institution.

Please confirm the Trust/Deceased Estate status by ticking one of the following:

a) ☐ Passive NFE
Please note, this classification applies to many NZ Discretionary Family Trusts.

b) ☐ Financial Institution – Investment Entity
(i) An Investment Entity located in a non-participating jurisdiction and managed by another Financial Institution;
(ii) Other Investment Entity

c) ☐ Financial Institution - Depository Institution, Custodial Institution or Specified Insurance
Company

GIIN
Obtained by registering with the Internal Revenue Service for entities considered to meet the definition of a Foreign Financial Institution. 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).

If you ticked (b) or (c) above, please provide the Global Intermediary Identification Number (GIIN) if held – required for foreign financial Institutions for FATCA purposes:

GIIN Number _____

d) ☐ Active NFE – a corporation:
- the stock of which is regularly traded on an established securities market; or
- a corporation, which is a related entity of such a corporation

If this applies, please provide the name of the established securities market on which the corporation is regularly traded:

_____

_____

If the Trust/ Deceased Estate is a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Trust/Deceased Estate is a Related Entity of:

_____

_____

(e) ☐ Active NFE – A government entity or central bank

(f) ☐ Active NFE – an international organisation

(g) ☐ Active NFE – other than (d)-(f) for example a start-up NFE or a non-profit NFE

G4 FATCA Confirmation

Is the Trust/Deceased Estate or any persons who exercise control over the Trust/Deceased Estate a US citizen or considered to be a US resident for US tax purposes?

☐ Yes ☐ No

Is the Trust/Deceased Estate an Exempt Beneficial Owner?

☐ Yes ☐ No

Is the Trust/Deceased Estate a Non-Financial Foreign Entity (NFFE) under the Foreign Account Taxation Compliance Act (FATCA)?

☐ Yes ☐ No

If Yes, what is the primary source of income under the FATCA definitions?

☐ Active Income ☐ Passive Income

Section H must be completed

H Trustee Certificate

To be completed by ALL Trustees investing in QuayStreet Funds on behalf of a Trust.

To: Smartshares Limited

I/We: 1. _____

2. _____

3. _____

("Trustee/Trustees") (Insert full names of ALL current Trustees

and _____

("Company as Trustee") (If applicable)

of _____ ("the entity")

("The Trust") (Specify the name of the Trust)

Properly constituted by
Deed of Trust dated the _____ day of _____ 20 Y Y

day *month* *year*

Confirm that:

1. **Current Trustees:** Each of the above named Trustees is a current and validly appointed Trustee of the Trust and there are no other Trustees of the Trust.
2. **Power to Transact:** The Trust has the power to make an application to invest in QuayStreet Funds and to enter into any related documentation.
3. **Trust Resolutions:** All Trust resolutions and approvals required by law and necessary pursuant to the Deed of Trust have been passed or given to enable the Trust to enter into an investment in QuayStreet Funds and any related documentation ("transactions").
4. **Trust Compliance:** The Trustees in approving any transaction have acted in compliance with the duties imposed on the Trustees at law.
5. **Alteration of Trustees, Trustee Power and Trust Deed:** Where there is any alteration to the Trustees named above or any change to the Trust Deed or any Trustees Power which impacts this application to invest in QuayStreet Funds including changes in investment powers, beneficiaries or Trustees, the Trustees will notify Smartshares Limited in writing immediately.*
6. **Validity of Transaction:** The transactions entered into by the Trust are binding on the Trust, and this Application Form and any related documentation are enforceable against the Trust. **
7. **Execution of Documents:** The Application Form and any related documentation have been properly completed and signed by the Trustees of the Trust.
8. **No Invalidity:** There are no circumstances which would invalidate any of the transactions or the Application Form and any related documentation.
9. **The Trustees** confirm that the Trustees/Authorised Person(s) listed below are authorised to invest in QuayStreet Funds (jointly/jointly and severally) on behalf of the Trust.

Full Name *first, middle and last name*

_____

Capacity

_____

Full Name *first, middle and last name*

_____

Capacity

_____

Full Name *first, middle and last name*

_____

Capacity

_____

Full Name *first, middle and last name*

_____

Capacity

_____

10. **Limitation of Liability:** If you are an Independent Trustee, we agree that in exercising our powers in relation to the investment in QuayStreet Funds, you will have no personal liability in relation to the investment in the QuayStreet Funds and we will not have any recourse to assets that are not Trust assets. However, this limitation on our rights will not apply if:
    (a) you are in wilful or negligent breach of the Trust or have acted negligently or dishonestly.
    (b) you lack the power or authority to sign the Application Form in your capacity as Trustee.
    (c) any representations or acknowledgements you have made are untrue or incorrect or.
    (d) you have signed the Application Form in your personal capacity as well as your Trustee capacity and in such case you will have full personal liability in relation to the investment in QuayStreet Funds and we may have recourse to your personal assets as well as to the Trust assets.
11. You are an 'Independent Trustee' for the purpose of this clause if you have signed the Application Form as Trustee and neither you, nor any spouse (de facto or otherwise), civil union partner, child or grandchild:
    (a) is a beneficiary (discretionary or otherwise) or
    (b) has a power of appointment of additional beneficiaries under the Trust.
12. I/We undertake to advise Smartshares Limited 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 Limited with a suitably updated self-certification and declaration within 60 days of such change in circumstances.

Instructions for Signing
All Trustees must sign the Trustee Certificate and indicate their capacity – *(i.e. Trustee, Executor or Attorney for the <Name of Trustee/Executor>, Witness).*

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 |

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 |

Full Name *first, middle and last name*

Capacity

Signature

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

Investor Declaration and Signatures

I/we as Trustee (s)/Executor(s), 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 may be disclosed to the Investment Adviser noted on this Application and to any administrator, auditor, tax adviser, supervisor, custodian, or service provider as required for the proper maintenance of the investment. Smartshares, the Supervisor and related entites may disclose personal information to the Financial Markets Authority
7. 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.
8. Understand that I/we may request to see and, if necessary, request the correction of the personal information;
9. Agree that by providing the email address on this application form, Smartshares (or its related entities) may provide information by email regarding this investment;
10. Acknowledge that Smartshares Limited has not provided financial or investment advice in respect of my/our participation in the QuayStreet Funds.
11. Agree to receive by email (or otherwise) information regarding other products and services of Smartshares Limited or its related entities; or
12. 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 a tax resident pursuant to intergovernmental agreements to exchange financial account information.
13. Confirm that if Electronic Identity and Address Verification was selected in this application form, I/we consent to Smartshares Limited 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.
14. **Is the trust/deceased estate or any persons who exercise control over the trust/ deceased estate named in Section A of this Application Form a US citizen or considered to be a US resident for US tax purposes?**

☐ Yes ☐ No

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.

I Manual Identity Verification Requirements

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 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.

PROOF OF IDENTITY

For each Individual, Director, Trustee, Executor, Settlor, Partner, Officer, Authorised Person, Attorney appointed under a Power of Attorney or Beneficial Owner 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

For Minor (if photo ID is not available)

DOCUMENT REQUIRED

- ☐ Birth Certificate

PROOF OF RESIDENTIAL ADDRESS

A certified copy 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

PROOF OF BANK ACCOUNT

Please provide a 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 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

PLEASE PROVIDE A CERTIFIED COPY OF ONE OF THE FOLLOWING

For a Trust

Documents to verify the trust's structure and arrangements:

DOCUMENT REQUIRED

- ☐ Relevant extracts from the trust deed and subsequent deeds of appointment and amendment
- ☐ Verification of information on an appropriate register in the country of establishment

For a Company

Documents to verify the company structure, ownership structure and business of the company:

DOCUMENT REQUIRED

- ☐ Certificate of incorporation
- ☐ Details of directors
- ☐ Financial statements
- ☐ Details of shareholders
- ☐ Minutes of meetings and resolutions

For a Partnership

Documents to verify the partnership arrangement, ownership structure and purpose of the partnership:

DOCUMENT REQUIRED

- ☐ A Partnership Agreement or other formal agreement
- ☐ Certificate of registration
- ☐ Copies of trade registers
- ☐ Bank statements

For a Club or Society

Documents to verify the purpose of the club or society and the ownership structure:

DOCUMENT REQUIRED

- ☐ Objects of the club or society
- ☐ Constitution, charter or rules
- ☐ Type of individuals that benefit from the organisation
- ☐ Bank statements
- ☐ Meeting minutes or resolution

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

For bank use only

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

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.

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