

You can fill this form out on your computer and email it to us. New investors have 30 working days to complete verification from the date of the deposit of the money to the Schemes bank account to the satisfaction of the Manager.

**GROUP INVESTMENT FUND**

**1. Investor Information**

New Client    Existing Client    \_\_\_\_\_ Client number (if known)

Individual    Joint    Trust    Estate    Company    Partnership    Club/Society/Charity

Name of Joint a/c / Trust / Estate / Company / Partnership / Club / Society / Charity. See page 4 for details of Trustees/Directors etc

**Individual/Joint Investor #1**

**Individual/Joint Investor #2**

Title:  Mr    Mrs    Ms    Miss    \_\_\_\_\_ Other

Title:  Mr    Mrs    Ms    Miss    \_\_\_\_\_ Other

First name(s):

First name(s):

Surname:

Surname:

Date of birth:

Date of birth:

Occupation:

Occupation:

Home address

\_\_\_\_\_

Postcode

Home address

\_\_\_\_\_

Postcode

Postal address (if different to home address)

\_\_\_\_\_

Postcode

Postal address (if different to home address)

\_\_\_\_\_

Postcode

Home phone:

Home phone:

Work phone:

Work phone:

Mobile phone:

Mobile phone:

Email:

Email:

Country of birth/Citizenship:

Country of birth/Citizenship:

IRD Number:

IRD Number:

What is the purpose of your investment?

What is the source of funds (sale of a house, sale of business, etc)

**Disclosure:** Are you, or are you immediately related to, a senior member of NZ or foreign government, judiciary, military or ambassador?    Yes    No

Are you a citizen or permanent resident of the United States?

TIN:

TIN:

Please advise how you wish to receive notifications and publications (Product Disclosure Statement , Annual Reports and quarterly Newsletters)    Via email (Ensure your email address is completed above)    Hard copy posted out

## 2. Tax Information

Resident Withholding Tax Rate (RWT)  10.5%  17.5%  30%  33%  Exempt  28% *Company only*  
\$0 - \$14,000      \$14,000 - \$48,000      \$48,000 - \$70,000      Over \$70,000

*Note: The taxpayer for joint investments is the investor with the highest tax rate.*

If the taxpayer isn't a New Zealand resident for tax purposes please provide overseas address (if different to home address): \_\_\_\_\_

Non Residents  10%  15%

## 3. Investor Instructions

I/We wish to invest in the NZ Mortgage Income Trust (No. 2 Fund) Group Investment Fund and agree to be bound by the provisions in the relevant trust deed.

Lump Sum  
I/We wish to invest a lump sum of: \$

Please transfer the sum of:  
to/from NZ Mortgage Income Trust (No. 2 Fund) Group Investment Fund \$

Regular Instalment (minimum \$100 monthly)  
I/We wish to make regular savings contributions of: a fortnightly / monthly basis (circle one). \$

I understand that an automatic payment authority will be sent to me/us on receipt of my/our signed application form.

- Cheques to be made payable to NZ Mortgage Income Trust (No. 2 Fund) Group Investment Fund and crossed 'Not Transferable'.
- Funds can be directed credited to our ANZ bank account number **06-0901-0374317-00**.
- New clients please send certified copies of appropriate ID and verification of address for all parties. As Manager we can certify ID and address verification if we sight the actual documents. Refer to 'Identification and Address Verification' below for more detailed instructions.
- Unless we hold written authority from all parties authorising a specific person(s) to act on behalf of the investor, we shall require all parties to sign this application and any subsequent withdrawal/variation requests.
- If signed by attorney, please see page 4 for Certificate of Non-Revocation of Power of Attorney.

## 4. Identification and Address Verification

The Anti-Money Laundering (AML) and Countering Financing of Terrorism Act 2009 (CFT) requires the identity of new investors to be verified by providing identification and address verification when investing in the Fund. The original identification verification documents can be brought to our offices or can be certified as a true and correct copy of the original by a 'trusted referee', as per below. **Certified copies of identification can be emailed or we can arrange a Skype/Zoom meeting in order to verify the documents.**

One of the following:	Or, your NZ Driver Licence plus one of the following:	Or, one of the following forms of photo ID:
NZ passport	A credit card, debit or eftpos card issued by a registered NZ bank (name and signature must be on the card)	NZ Driver Licence
NZ certificate of identity	Bank account statement issued by a registered NZ bank addressed to you from the last 12 months	18+ card (Hospitality Association)
NZ firearms licence	A document issued by a NZ government agency containing your name and signature, for example, a SuperGold card	A valid international driving permit
Emergency travel document	IRD statement or other NZ government agency statement addressed to you from the last 12 months	Plus one of the following: NZ full birth certificate
Overseas passport		Certificate of NZ citizenship
Foreign-issued national identity document		Citizenship certificate issued by a foreign government
NZ refugee travel document		Birth certificate issued by a foreign government

### Additional Address Verification Documentation

You must supply one form of address verification documentation from the following list which cannot be more than 3 months old:

- Utility bill
- IRD tax assessment notice (New Zealand)
- Government valuation of property (evidencing ownership)
- Credit card/bank statements from an active account
- Letter from a New Zealand employer on the employer's letterhead (subject to separate verification process)
- Tenancy Agreement for a New Zealand address



## 7. Certificate of Non-Revocation of Power of Attorney

## 8. Trusts Only

Complete only if this application is being signed by attorney

I, \_\_\_\_\_  
of (address and occupation of attorney)

### HEREBY CERTIFY THAT:

1. By power of attorney dated the

\_\_\_\_\_ day of \_\_\_\_\_

(Name and occupation of person for whom attorney is signing)

(‘the donor’) appointed me his/her/its attorney on the terms and conditions set out in that power of attorney.

2. I have executed the application for units printed on the face of this form as Attorney under that power of attorney and pursuant to the power thereby conferred upon me.

3. At the date of this certificate I have not received any notice or information of the revocation of that power of attorney by the death (or winding up) of the donor or otherwise.

Signed at \_\_\_\_\_

Date:

Signature of Attorney \_\_\_\_\_

Please provide a certified copy of Power of Attorney plus certified copies of appropriate ID and verification of address for attorney - refer to ‘Identification and Address Verification’ on page 2.

Briefly describe source of funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Trust/Estate/Company/Partnership/Club/  
Society/ Charity:

Trading Name:

Full Name/s of Trustees/Executor/Directors/Partners/Authorised Signatories:

Please provide certified copies of appropriate ID and verification of address for all parties - refer to ‘Identification and Address Verification’ on page 2.

Full Name/s of Shareholder/s owing more than 25% of Investing Company:

Date of Trust Deed (if applicable)

Date: \_\_\_\_\_ (copy required)

Certified copy of Trust Deed (including amendments) Y / N

Certified copy of Probate / Will Y / N

Company Extract Y / N

Certified copy of Partnership Deed Y / N

Certified copy of Construction Y / N

I/We confirm the above trust details as recorded herein are correct and that the Trust’s power to invest is recorded in the Deed of Trust.

Signature: \_\_\_\_\_  
(of one trustee)

Is this a discretionary Trust? Y / N  
If no, complete below: FINAL BENEFICIARIES

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please email your application and other documents to enquiries@mortgagetrust.co.nz**



**NZ MORTGAGE  
INCOME TRUST**  
No. 2 Fund

**GROUP  
INVESTMENT FUND**

**REGISTERED OFFICE OF THE MANAGER:**  
**Fund Managers Otago Limited**  
Freepost 747, PO Box 5741, Dunedin 9054  
Freephone: 0800 800 212 • www.nzmit.co.nz

### For Office Use

(tick each box or enter appropriate number after completion of each task)

Date Received	Date Banked	IS	CD	C No.	I No.	Letters I L