

## Hunter Investment Funds Hunter Global Fixed Interest Fund Application Form

PRODUCT DISCLOSURE STATEMENT DATE – 26 AUGUST 2020

Please scan and email this completed Application Form, together with any other relevant documentation, to [contact@iisolutions.co.nz](mailto:contact@iisolutions.co.nz). Please phone 04 4999 654 if you have any questions.

**Please complete this form in CAPITAL LETTERS**

**1.**

### TYPE OF INVESTOR

What type of investor are you?

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint ownership	<input type="checkbox"/> Power of attorney
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate
<input type="checkbox"/> Company	<input type="checkbox"/> Retirement scheme	<input type="checkbox"/> Other

Are you an existing unitholder?

<input type="checkbox"/> Yes	Unitholder Number:	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> No		

Are you a portfolio investor proxy (PIP)? (also known as custodians, nominees or wrap accounts)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

**2.**

### INVESTOR DETAILS

Name – *complete if not investing as an individual or joint ownership*

IRD number

PIR\*

<input type="checkbox"/> 0%	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 28%
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Trust Name

Type of Trust

Date established

Details of major source of funds used for this investment – Please provide evidence

<input type="checkbox"/> Personal employment	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Business earnings
<input type="checkbox"/> Other – please specify	<input style="width: 100%;" type="text"/>	

Full Name & date of birth of all beneficiaries

Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>

**Individual 1 – Complete for each applicant, director, trustee where relevant**

Title:	<input type="text"/>	First name(s):	<input type="text"/>
Surname:	<input type="text"/>		
Date of birth:	<input type="text"/>	IRD number:	<input type="text"/>
PIR*	<input type="checkbox"/> 0%	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5% <input type="checkbox"/> 28%
Tax status:	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	

**Individual 2 – Complete for each applicant, director, trustee where relevant**

Title:	<input type="text"/>	First name(s):	<input type="text"/>
Surname:	<input type="text"/>		
Date of birth:	<input type="text"/>	IRD number:	<input type="text"/>
PIR*	<input type="checkbox"/> 0%	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5% <input type="checkbox"/> 28%
Tax status:	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	

**Individual 3 – Complete for each applicant, director, trustee where relevant**

Title:	<input type="text"/>	First name(s):	<input type="text"/>
Surname:	<input type="text"/>		
Date of birth:	<input type="text"/>	IRD number:	<input type="text"/>
PIR*	<input type="checkbox"/> 0%	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5% <input type="checkbox"/> 28%
Tax status:	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	

\*PIR – Prescribed Investor Rate. We will use the highest Prescribed Investor Rate for joint holders. If you are unsure what your PIR is, visit [www.ird.govt.nz](http://www.ird.govt.nz) and search for 'Prescribed Investor Rate', contact Inland Revenue on 0800 227 774, or speak to your tax advisor. If your PIR is invalid or you do not choose one, the default 28% will apply.

**Number of signatories required to act and make transactions on this account? (ie, 1, 2, 3..)**

**3. CONTACT DETAILS**

**Physical address**

Unit No:	<input type="text"/>	Street No:	<input type="text"/>	Street name:	<input type="text"/>
Suburb:	<input type="text"/>		City:	<input type="text"/>	
Postcode:	<input type="text"/>		Country:	<input type="text"/>	

Postal address *(if different from physical address)*

Unit No:	<input type="text"/>	Street No:	<input type="text"/>	PO Box / Street name:	<input type="text"/>
Suburb:	<input type="text"/>		City:	<input type="text"/>	
Postcode:	<input type="text"/>		Country:	<input type="text"/>	
Home phone			Work phone		
<input type="text"/>			<input type="text"/>		
Email address					
<input type="text"/>					

4.

**FOREIGN ACCOUNT TAX COMPLIANCE ACT - For the purposes of the provisions of the United States legislation commonly known as the Foreign Account Tax Compliance Act ('FATCA')**

For individual and joint ownership investors

Individual 1:

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

<input type="checkbox"/>	Yes	US Taxpayer Information Number (TIN)*:	<input type="text"/>
<input type="checkbox"/>	No		

Individual 2:

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

<input type="checkbox"/>	Yes	US Taxpayer Information Number (TIN)*:	<input type="text"/>
<input type="checkbox"/>	No		

Individual 3:

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

<input type="checkbox"/>	Yes	US Taxpayer Information Number (TIN)*:	<input type="text"/>
<input type="checkbox"/>	No		

For entities (including trusts): Is the entity a US company, trust, or partnership for US tax purposes?

<input type="checkbox"/>	Yes	US Taxpayer Information Number (TIN) or exemption code (for exempt payees)*:	<input type="text"/>
<input type="checkbox"/>	No		

If no, which of the following describes your FATCA status?

<input type="checkbox"/>	New Zealand financial institution*	<input type="checkbox"/>	A participating foreign financial institution*
<input type="checkbox"/>	Partner jurisdiction financial institution	<input type="checkbox"/>	A deemed-compliant foreign financial institution**
<input type="checkbox"/>	Other financial institution	<input type="checkbox"/>	Active non-financial foreign entity ***
<input type="checkbox"/>	Passive non-financial foreign entity ****	<input type="checkbox"/>	An exempt beneficial owner**

\* A custodial or depository institution, an investment entity, or a specified insurance company for FATCA purposes

\*\* As defined in the relevant US Treasury Regulations

\*\*\* A non-US entity that is not a Financial Institution but falls within the 'active' categories, including a listed company (and its related entities), many registered charities, and entities (including companies) for whom less than 50% of gross assets and income are considered passive  
 \*\*\*\* Generally, any Non-Financial Foreign Entity that is not 'active' (see above) will be 'passive'.

If the entity has a Global Intermediary Identification Number (GIIN), please provide it

If you are an entity that is considered as a Passive Non-Financial Foreign Entity, please contact us to discuss the status of your controlling owners.

For help in determining your status for FATCA purposes, see the Inland Revenue's website at [www.ird.govt.nz/international/nzwithos/fatca/fatca-index.html](http://www.ird.govt.nz/international/nzwithos/fatca/fatca-index.html). You need to provide us with further information if there is a change in circumstances which renders the above certification incorrect or unreliable. We may request further information from you in the future for this purpose

5.

**COMMON REPORTING STANDARDS ('CRS') - For the purposes of OECD's Standard for Automatic Exchange of Financial Account Information in Tax Matters which incorporates the Common Reporting Standard ('CRS')**

For individual and joint ownership investors (including each controlling person of a passive non-financial entity investor – see the entities section below)

Individual 1:

Are you a tax resident in any country other than New Zealand or the United States?

Yes  No

If yes, please specify the other country/countries in which you are a tax resident in:

Please provide your foreign taxpayer identification number/tax number\* (TIN) for each of those countries:

If you do not have a foreign TIN for a country, please provide an explanation:

If you are a controlling person of an entity (as specified in the entities section below), please specify what type of controlling owner you are:

Individual 2:

Are you a tax resident in any country other than New Zealand or the United States?

Yes  No

If yes, please specify the other country/countries in which you are a tax resident in:

Please provide your foreign taxpayer identification number/tax number\* (TIN) for each of those countries:

If you do not have a foreign TIN for a country, please provide an explanation:

If you are a controlling person of an entity (as specified in the entities section below), please specify what type of controlling owner you are:

Individual 3:

Are you a tax resident in any country other than New Zealand or the United States?

Yes  No

If yes, please specify the other country/countries in which you are a tax resident in:

Please provide your foreign taxpayer identification number/tax number\* (TIN) for each of those countries:

If you do not have a foreign TIN for a country, please provide an explanation:

If you are a controlling person of an entity (as specified in the entities section below), please specify what type of controlling owner you are:

For entities (including trusts): Are you a tax resident in any country other than New Zealand or the United States?

Is the entity a tax resident in any other country than New Zealand or the United States?

Yes  No

If yes, please specify the other country/countries in which you are a tax resident in:

Please provide the entity's foreign taxpayer identification number (TIN) for each country:

If the entity does not have a foreign TIN, please provide an explanation:

For CRS purposes, is the entity a:

Financial institution<sup>1</sup>  Active non-financial entity<sup>2</sup>  Passive non-financial entity<sup>3</sup> (PNFE)

If the entity is a PNFE, is any controlling person<sup>4</sup> a tax resident in any other country than New Zealand?

Yes  No

If yes, each controlling person must complete an individual self-certification. If the controlling person is specified on page 2 then please complete the individual sections(s) above. If the controlling person is not specified on page 2, please contact us for a self-certification form to complete. In either case, please indicate on the form what type of controlling person the individual is<sup>4</sup>.

- <sup>1</sup> If the entity is a financial institution for FATCA purposes, it is likely (but not certain), to be a financial institution for CRS purposes.
- <sup>2</sup> An active non-financial entity includes a listed company (and its related entities), government entities and international organisations. See the links below for the full definition.
- <sup>3</sup> A passive non-financial entity generally covers an entity that:
  - a. Is not a financial institution; and
  - b. Either derives predominantly (50% or more) passive income (as defined for CRS purposes) and/or predominantly has assets that produce or are held for the production of passive income.
- <sup>4</sup> A controlling person is defined as any natural person who exercises control over an entity. In the case of a trust, the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate control over the trust will be included. This means that the term may include a director, partner, trustee, settlor, beneficiary, protector of a trust, or other natural person exercising ultimate effective control over the entity.

For more information on CRS, and determining your status for CRS purposes, please see the Inland Revenue's website at [www.ird.govt.nz/international/exchange/crs/crs-glossary/crs-glossary.html](http://www.ird.govt.nz/international/exchange/crs/crs-glossary/crs-glossary.html) and [www.taxpolicy.ird.govt.nz/topical-issues/implementing-aeoi](http://www.taxpolicy.ird.govt.nz/topical-issues/implementing-aeoi). In addition to the above, you need to provide us with further information if there is a change in circumstances which render the below certification incorrect or unreliable. We may also request further information from you in the future for this purpose.

6. INVESTMENT DETAILS

I/We wish to invest the following amount (in NZD)

Fund	Initial investment (minimum \$5,000 per Fund)	Subsequent investment (minimum \$500 per Fund)
Hunter Global Fixed Interest Fund	\$	\$

Payment details

Bank account name: Public Trust IISF Application Account  
 Bank account number: 03-0175-0661388-00  
 Reference: Your name or client reference

7. BANK ACCOUNT & DISTRIBUTION – you must provide a New Zealand bank account which is in the same name as your Hunter Investment Funds holding

Account name

Bank name

Branch name

Account number

Please ensure you provide a bank deposit slip, bank statement or confirmation from your bank verifying your account name and number

If you are invested in a Fund that pays distributions, please specify whether you would like any distributions to be paid to your bank account or reinvested in additional units in the relevant Fund. If no option is selected, distributions will be reinvested.

Reinvest in additional units

Direct credit to the above bank account

8. IDENTITY VERIFICATION

Checklist for identity verification

Individual or joint account

Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number

Certified true copy of identification for each applicant with the certification not more than three months old<sup>1</sup>

Original or certified true copy of address verification for each applicant that is not more than three months old<sup>2</sup>

Partnership account

Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number

Certified true copy of identification for each partner with the certification not more than three months old<sup>1</sup>

Original or certified true copy of address verification for each partner that is not more than three months old<sup>2</sup>

Original or certified true copy of the Partnership Deed with the certification not more than three months old

Trust account

Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number

Certified true copy of identification for each trustee and beneficial owner\* with the certification not more than three months old<sup>1</sup>

	Original or certified true copy of address verification for each trustee and beneficial owner* that is not more than three months old <sup>2</sup>
	Original or certified true copy of the Trust Deed with the certification not more than three months old
	Evidence of source(s) of wealth

### Company account

	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
	Certificate of Incorporation
	Proof of address of registered office
	Trading name (if applicable)
	List of directors and authorised signatories
	Certified true copy of identification for each director, beneficial owner* of the company, authorised signatory or anyone else acting on behalf of the company in respect of the investment, with the certification not more than three months old <sup>1</sup>
	Original or certified true copy of address verification for each director and authorised signatory that is not more than three months old <sup>2</sup>

**\* Beneficial owners:**

A beneficial owner is an individual who has effective control of a customer or person on whose behalf a transaction is conducted, or who owns 25% or more of the customer or person on whose behalf a transaction is conducted. Examples are:

- Beneficial owners of a company may include shareholders, senior management (e.g. CEO), and any other person with effective control (such as some directors).
- Beneficial owners of a trust may include a beneficiary of the trust, and any other individual who has effective control over the trust, specific trust property, or the power to amend the trust deed, or remove or appoint trustees or one or more of the beneficiaries of the trust.

### Power of attorney

	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
	Certified true copy of identification for each applicant with the certification not more than three months old <sup>1</sup>
	Original or certified true copy of address verification for each applicant that is not more than three months old <sup>2</sup>
	Original or certified true copy of the Power of Attorney with the certification not more than three months old
	Original or certified true copy of the Certificate of Non-Revocation with the certification not more than three months old

### Estate account

	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
	Certified true copy of identification for each executor with the certification not more than three months old <sup>1</sup>
	Original or certified true copy of address verification for each executor that is not more than three months old <sup>2</sup>
	Original or certified true copy of the Probate with the certification not more than three months old

For investor types not listed above, please contact us directly.

<sup>1,2</sup>Please refer to Notes section on page 10

## 9. PRIVACY ACT 1993

This statement relates to the personal information that you are providing to Implemented Investment Solutions Limited, as manager of the Hunter Investment Funds, by way of this application and any subsequent personal information which you provide in the future. The personal information you have supplied may be collected, used, stored, and shared by Implemented Investment Solutions Limited, Hunter Investment Management Limited, Public Trust, Adminis NZ Limited, Adminis Custodial Nominees Limited or MMC Limited (and any of their related entities and service providers) for the purposes of enabling them to arrange and manage your investment, and to contact you in relation to your investment. Implemented Investment Solutions Limited will provide you (on request) with the name and address of any entity to which it has disclosed your information. You have the right to access all personal information held about you by Implemented Investment Solutions Limited. If any of the information is incorrect, you have the right to request to have it corrected. You

acknowledge that you are authorised to provide personal information on behalf of the applicant and evidence of this authority is provided (in the case of a parent/guardian/other providing information about the applicant). You agree that your/each of your names and addresses may be used by Implemented Investment Solutions Limited and Hunter Investment Management Limited to provide you with newsletters and other information about the Hunter Investment Funds and other products and services, and for the purposes outlined in this section and the declaration below.

10.

**DECLARATION**

I/We confirm that I/we:

- have received, read, and retained a copy of the Hunter Investment Funds Product Disclosure Statement dated **26 August 2020**;
- agree to be bound by the terms and conditions of the master trust deed and establishment deeds for the Hunter Investment Funds, as amended from time to time;
- agree and consent to the terms outlined above in relation to the Privacy Act 1993 and the supply of personal information and FATCA and CRS related information;
- consent to Implemented Investment Solutions Limited providing any information relating to my/our CRS or FATCA status or CRS or FATCA matters to the New Zealand Inland Revenue Department, and agree to notify Implemented Investment Solutions Limited in writing immediately if there is any change which I/we become aware of which would render any of the above information incorrect, and to re-submit information to Implemented Investment Solutions Limited upon request;
- where applicable, confirm that those signing this application form are persons with authority to sign this form on behalf of the entity named;
- agree to update the information I have provided if my circumstances change;
- if I/we have provided my/our email address, or provide it in the future, consent to receiving electronic communications (including email) from Implemented Investment Solutions Limited, Hunter Investment Management Limited, Public Trust, Adminis NZ Limited, Adminis Custodial Nominees Limited or MMC Limited relating to my/our investment in the Hunter Investment Funds and as otherwise set out in the terms above in relation to the Privacy Act 1993;
- authorise Implemented Investment Solutions Limited and Hunter Investment Management Limited to disclose information relating to me to the Financial Markets Authority as may be required from time to time under the Financial Markets Conduct Act 2013 or any other law;
- certify that all information given in this form is true and correct;
- understand that the some of the Hunter Investment Funds are a vehicle for long-term investment and as some of the Funds invest in equities, the value of my/our investment is liable to fluctuations and may rise and fall from time to time;
- understand that none of Implemented Investment Solutions Limited, Hunter Investment Management Limited, Public Trust, Adminis NZ Limited, Adminis Custodial Nominees Limited or MMC Limited or any other person guarantees my/our investment in the Hunter Investment Funds; and
- understand the manner in which the fees will be deducted from my/our investment.

If you would like to have your identification verified online using Cloudcheck, please confirm and tick the box below. There is no cost to you for using Cloudcheck.

I/We confirm that I/we consent, for the purposes of verifying my/our identity, to the personal information that I/we have provided being used with and, where necessary, disclosed to third parties, including the following sources: (1) the NZTA for the purpose of checking the Driver Licence and MOTO databases; (2) the Department of Internal Affairs for the purpose of checking the Passport, Birth Certificate and Citizenship Certificate databases; (3) Land Information New Zealand; (4) the Companies Office; (5) Centrix Group Limited (and I/we authorise Centrix to use any information that they hold in their credit reporting bureau about me/us to compare the information that I/we have provided)

Signature of applicant 1, director or trustee	Date signed
<input type="text"/>	<input type="text"/>
Signature of applicant 2, director or trustee	Date signed
<input type="text"/>	<input type="text"/>
Signature of applicant 3, director or trustee	Date signed
<input type="text"/>	<input type="text"/>



## NOTES

1. **Identification details – please provide details and a certified copy of the documents set out below, depending on the option that you choose:**

Option 1	Option 2	Option 3
<p><b>ONE</b> of the following</p> <ul style="list-style-type: none"> <li>Personal details page of your passport</li> </ul>	<p><b>ONE</b> of the following</p> <ul style="list-style-type: none"> <li>New Zealand or foreign full birth certificate</li> <li>Certificate of New Zealand citizenship or a certificate issued by a foreign government</li> </ul> <p><b>ONE</b> of the following</p> <ul style="list-style-type: none"> <li>New Zealand driver license or 18+ card</li> <li>Valid and current international driving permit and a license from another country with a translation</li> </ul>	<ul style="list-style-type: none"> <li>A New Zealand driver license</li> </ul> <p><b>ONE</b> of the following</p> <ul style="list-style-type: none"> <li>A document issued by a registered bank that contains your name and signature, for example a credit card, debit card or eftpos card</li> <li>A statement issued by a government agency to you in the 12 months immediately preceding the date of the application, for example a statement from Inland Revenue.</li> </ul>

2. **Proof of address details – investors must provide proof (either original or certified copy of the residential address addressed to them that is not more than 3 months old.**

- ONE** of the following
- Bank statement
  - Utility bill (e.g. electricity bill, gas bill or landline and internet bill)
  - Inland revenue statement

## CERTIFICATION OF DOCUMENTS

We will accept photocopied documents certified by someone who is over 16 years of age and is **ONE** of the following

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Commonwealth Representative (as defined in the Oaths and Declarations Act 1957)</li> <li>Member of the Police</li> <li>Justice of the Peace</li> <li>Registered medical doctor</li> <li>Kaumātua</li> <li>Registered teacher</li> <li>Minister of religion</li> </ul> | <ul style="list-style-type: none"> <li>Lawyer (as defined in the Lawyers and Conveyancers Act 2006)</li> <li>Notary public</li> <li>New Zealand Honorary consul</li> <li>Member of Parliament</li> <li>Chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996)</li> <li>A person who has the legal authority to take statutory declarations or the equivalent in New Zealand</li> </ul> |
|--|--|

When certification occurs overseas, copies of international identification provided by a customer resident overseas must be certified by a person authorised by law in that country to take statutory declarations or the equivalent in the customer's country.

The person certifying your document must **NOT** be any of the following:

- related to you; for example, your parent, child, brother, sister, aunt, uncle or cousin
- your spouse or partner
- a person who lives at the same address as you
- a person involved in the transaction or business requiring the certification

If insufficient identification and address verification is provided, your application will be rejected and your payment returned. Payments returned to investors will not be eligible to accrue any interest

The person certifying your documents **MUST** sight the originals and make a statement to the effect that the documents are a true copy and represent the identity of the named person. The certification **MUST** include the following with the certification not more than three months old

- Name and signature of the person certifying the documents
- Date of certification
- The capacity in which the person is certifying the documents (from the list of individuals above)