INVESTOR APPLICATION - TRUST



PO Box 38010, Howick, Auckland 2145 | 16 Selwyn Rd, Howick, Auckland 2014, New Zealand Ph: +64 9 535 2239 | Email: info@scpartners.co.nz | www.southerncrosspartners.co.nz

TRUST NAME					
Name of Trust (as per trust deed)					
Date of Trust Deed					
TRUSTEES					
First names	Surname	Mob Ph:			
First names	Surname	Mob Ph:			
First names	Surname	Mob Ph:			
CONTACT PERSON FOR TRUST					
Name	Mobile				
Address					
Home phone	Email				
RESIDENCY					
Country of birth	I am a permanent resident of NZ				
[If not NZ, please provide further information.]					
BANK DETAILS FOR INTEREST * Please so	upply deposit slip or bank statment as confirmation	of account number			
Account name	Bank and branch				
Full bank account number					
TAX IRD number	IRD numbers are request of the Tax Administration	ted due to the requirements of Section 54(1)			
Tax deduction rate (please tick) 33% (Other	Exempt			
Is the trust a tax resident of a country other t	han New Zealand?				
No (No further info needed) Yes - The trust is a	tax resident of a country if it has an obligation to pay tax in th	at country. Please contact your tax advisor if you are unsure.			
What country is the trust a tax resident of?					
How did you hear about us?					
ELECTRONIC VERIFICATION	DOCUMENTS REQUIRED	By signing this application form, I/we confirm that I/ we have read, understood and agree to be bound by the			
Southern Cross Partners may choose to confirm your identity via electronic means. We have your permission to complete verification in relation to your identity and personal information, by whatever manner is most appropriate to our satisfaction. We have your permission to complete verification in relation to your identity and personal information to our satisfaction.	I will provide Certified copies of ID and proof of address. Proof of bank account number	terms of the Service Disclosure Statement, Investor Agreement and General Terms and Conditions that govern my/our investments through Southern Cross Partners.			
Yes, I request Southern Cross Partners send me a text message to electronically verify my identity and address (note, not all customers will be able to use electronic verification, we will contact you if we need any more information).					
SIGNATURE	SIGNATURE				
SIGNATURE	DATE / /				
FOR INTERNAL USE ONLY					
COMPLIANCE SIGNATURE		DATE			



AML/CFT LEGISLATION - TRUST

(Anti-Money Laundering and Countering Financing of Terrorism Act 2009)

Compliance with the Act, which came into force in New Zealand on 30th June 2013, is compulsory for all Investment Managers (including Banks), and our compliance is overseen by the Financial Markets Authority.

This short series of questions is designed to assist us with our compliance obligations.

More information about the A	ict can be found at <u>http://www.legislati</u>	on.govt.nz/	act/put	olic/200	19/0035/la	atest/DLM2140720.1	<u>ıtml</u>
TRUST DETAILS							
Name of Trust:							
Settlor(s) as per Trust Deed:							
Trustee(s):							
Person's acting on behalf of t	he Trust:						
(This is anyone who has the a	uthority to carry out transactions on b	ehalf of the	trust)				
Any other individual who has	effective control over the Trust:						
(This is anyone who has the p	ower to amend the Trust's deed, or re	move or app	ooint tr	ustees			
verification. When professi	cation requirements are applicable for a conal entities are appointed, for example the corporate trustee or agent.						
Beneficiaries Names	DOB	Beneficiaries Names		DOB			
	ciaries: i.e discretionary or final						
Purpose of Account Savi	ngs Unvestment URetirement	income) Oth	er (plea	ise specify	y)	
ASSETS: Approximate value of	of all: (Total of ALL assets held by the t	rust regard	less of	what is	intended	I to be invested with	ı SCP)
Property \$	Investments/cash \$				Other 9	\$	
How has the trust mainly acq	uired these assets?						
Property	☐ Investments/cash				Otl	her	
been derived from, and where	of the funds that you are proposing to i e are they presently? <i>(E.g sale of investr</i> ed –refer list supplied and attach as ap	ment proper					ave those funds
\$							
Does the trust earn income?	: No Yes, from where?						
(Documented Proof is require	ed –refer list supplied and attach as ap	plicable)					
Additional Information:							
SIGNATURE		DATE	/	/			
SIGNATURE		DATE	/	/			
SIGNATURE		DATE	/	/			

Please note that information gathered by us remains Private & Confidential, and that Southern Cross Partners complies with all obligations contained within the Privacy Act 2020 which gives you the right to see and correct information about you held by us.

FOR INTERNAL USE ONLY	
COMPLIANCE SIGNATURE	DATE



OPENING AN ACCOUNT IN THE NAME OF A TRUST

NOTE: As a reporting entity under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we are now required to gather and verify information on all new customers, and in some instances, on existing customers.

Recently, the Financial Markets Authority has released additional guidance on how reporting entities gather and verify information on customers who hold accounts in the name of Trusts.

We are required to obtain proof of the source of funds and/or the source of wealth of a customer Trust. This means we need to see documentation on the origin of the wealth/funds of the Trust and, if the Trust has an income, documentation on that income (e.g. income from an underlying company, Trust owned rental property or simply a monthly deposit from a family bank account).

We also need to identify the individual(s) who are the settlor(s) of the Trust, and the origin of the settlor's wealth. We are required to verify the origin of the funds used for activities that occur within the business relationship with us. For example, the settlor may have inherited family wealth, accumulated business earning, or received funds from the sale of property. We may also need information relating to the beneficiaries of the Trust.

Below is an example of what you will be required to provide:

Examples of Documented proof of - Origin of Wealth & Source of Income;

- Business Earnings: Audited financial accounts from a chartered accountant, or 3 months bank statements/full pay wage slips
- Inheritance: A copy of a will or stamped grant of probate, stamped grant of letters of administration
- Sale of a property: Sales and purchase agreement or legal document
- Government-issued documents or data
- Full bank and other investment statements
- Source of Income: monthly deposit from a bank account, rental income

It may be that we need to see more than one of these items, or ask for more information, but we will communicate directly with you about what information we need to meet our customer verification obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

Please feel free to call us, if you have any questions. 09 535 2239





IDENTIFICATION REQUIREMENTS

WHY DO WE NEED YOUR ID

The AML/CFT Act 2009 (The Act) came into effect on 30 June 2013. Southern Cross Financial is legally required to confirm the identity of its customers and any person acting on behalf of the customer.

WHO NEEDS TO PROVIDE AN ID

In the case of Investors, Section 11 of The Act requires us to conduct customer due diligence on:

- (a) A customer;
- (b) Any beneficial owner of a customer;
- (c) Any person acting on behalf of a customer

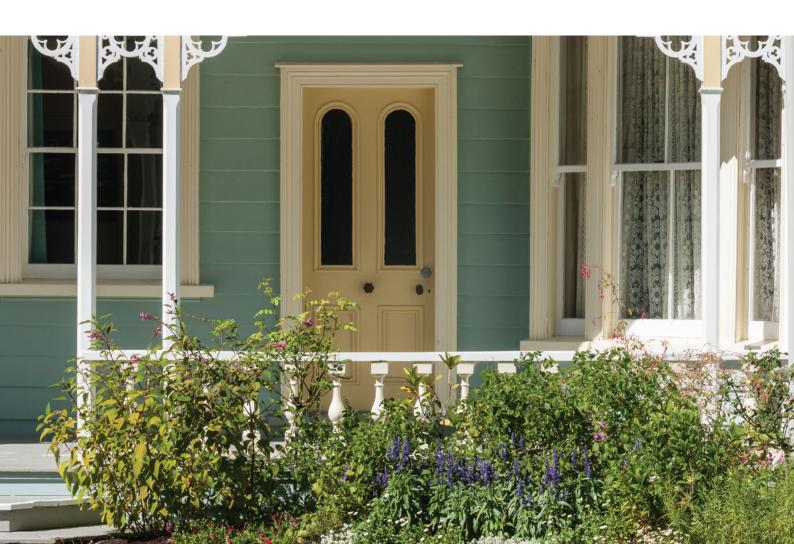
WHAT DO WE NEED TO IDENTIFY

The information required to identify the person(s) is:

- (a) The person's full name and
- (b) The person's date of birth; and
- (c) If the person is not the customer, the person's relationship to the customer; and
- (d) The person's address or registered office;
- and the following, only if relevant;
- (e) The person's company identifier or registration number; and
- (f) Any information prescribed by regulations.

ACCEPTABLE IDENTIFICATION DOCUMENTS

Your ID should be current and original and at least one form of ID needs to contain a photo. The ID must be an original of a certified copy. Acceptable identification documents and a list of who is qualified to certify follows: <u>OR</u>, Select Electronic Verification on the Application form.



ELECTRONIC VERIFICATION (If selected on application form)



A. Documents to verify full name and DOB Passport or Drivers Licence (NZ and Australia only)

B. Address verification is conducted using Property records (home ownership), Retail account (Energy providers) or Credit Bureau (Centrix).

PAPER DOCUMENT VERIFICATION (Copies provided by post)

A. Documents to verify full name, DOB and/or residential address

One of the following: (Primary Photographic)

- Passport (NZ or overseas)
- NZ certificate of identity
- NZ firearms licence

OR, NZ Drivers Licence plus one of the following:

- A credit or debit card issued by a registered NZ bank (must contain name and signature)
- A bank statement issued by a registered NZ Bank, addressed to you and dated within last 12 months.
- A document issued by a NZ government agency containing your name and signature e.g. SuperGoldcard.
- IRD statement or other NZ government agency statement addressed to you and dated within last 12 months.

OR, one of these plus any one under Document list (1)

- Full birth certificate (either NZ or overseasl
- Overseas citizenship certificate

Document List (1)

- NZ Drivers Licence
- 18+ card
- International Drivers Licence or permit (with photo)

B. Documents to verify residential address with your name and current address (if address is not already included on the documents mentioned above)

- Utility bill
- Council rates notice / valuation
- NZ Bank statement
- Government agency statements (eg IRD)
- Other independent document

C. Acceptable persons to certify identification documentation and proof of address

- Justice of peace
- Lawyer
- Member of police
- Registered teacher
- Chartered accountant

*When certification occurs overseas, copies of the 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 equivalent in the customer's country. Note: (1) Certification must include the name, occupation and signature of the person certifying and the date of certification. (2) The person certifying must sight the original documentation, and make a statement to the effect that the documents provides are a true copy and represent the identity of the named individual (3) Certification must have been carried out in the three months preceding the presentation of the copied documents.

