

(Please complete in full and tick where appropriate. Mandatory information is denoted by BLOCK CAPITALS)

PART A: SCHEDULE OF ACCOUNT DETAILS FOR ESTATES

ESTATE DETAILS

FULL NAME OF THE ESTATE: _____ (“the ESTATE”)

COUNTRY ESTABLISHED IN: _____

DATE OF PROBATE: _____

FULL NAME OF ESTATE CONTACT: _____

ADDRESS FOR THE ESTATE CONTACT PERSON: (NOT APO BOX)

MAILING ADDRESS OF THE ESTATE (IF DIFFERENT):

CONTACT DETAILS: ☎ MOBILE: () _____

FACSIMILE: () _____

☎ Home/Business: () _____

E-MAIL ADDRESS: _____

TICK BOX IF YOU REQUIRE CONTRACT NOTES BY EMAIL

COMMON SHAREHOLDER NUMBER(CSN): _____

DETAILS OF ALL ESTATE EXECUTORS:

FULL NAME	DATE OF BIRTH	☎ CONTACT NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

IDENTIFICATION IS REQUIRED FOR THE ESTATE, EACH EXECUTOR AND PERSONS ACTING ON BEHALF OF THE ESTATE (please see “Identification Requirements” on the next page)

MAILING ADDRESS OF EXECUTOR 1 (IF DIFFERENT):

MAILING ADDRESS OF EXECUTOR 2 (IF DIFFERENT):

MAILING ADDRESS OF EXECUTOR 3 (IF DIFFERENT):

MAILING ADDRESS OF EXECUTOR 4 (IF DIFFERENT):

MAILING ADDRESS OF EXECUTOR 5 (IF DIFFERENT):

MAILING ADDRESS OF EXECUTOR 6 (IF DIFFERENT):

ACCOUNT TAXATION INFORMATION

The rates shown and deduction applied are based on current enactments and may be subject to change)

Please tick and complete ALL tax questions with relevant numbers and details below including for multiple tax residencies

1. IS THE ESTATE A TAX RESIDENT OF NEW ZEALAND: YES NO

(if yes, please provide IRD no.)

IRD NUMBER: _____

TAX RATE: 0% * 10.5% 17.5% 30% 33%

For New Zealand residents, if a valid IRD number is not provided, the default tax rate of 33% will be applied in respect of any interest earned (and for dividends the rate will be 33%).

PRESCRIBED INVESTOR RATE: : 0% 10.5% 17.5% 28%

For information in helping you select your PIR or RWT rate, visit www.ird.govt.nz

DE MINIMUS: If you hold overseas investments that cost in aggregate \$50,000 or less, please tick the "NO" box. If you hold such assets that in aggregate cost more than \$50,000, please tick the "YES" box.

No Yes

*If you hold a valid Certificate of Exemption and are able to receive resident withholding income without deduction of tax, please attach a copy to be exempt from withholding. Any changes to the status of the Certificate of Exemption must be notified to Direct Broking.

2. ARE YOU INCORPORATED IN THE US OR ARE NON-US AND HAVE ONE OR MORE BENEFICIAL OWNERS WHO ARE US CITIZENS OR TAX RESIDENTS: YES NO
(if yes, please provide the SSN's of all US persons)

EIN: _____

3. TAX RESIDENT - OTHER: YES NO

Country: _____

Tax Number: _____

The appropriate NRWT rate will be applied based on this information (otherwise, absent the required information, a default tax rate of 15% will be applied to interest and 30% for dividends).

Please indicate by ticking this box whether you wish the Approved issuer Levy of 2% (in respect of interest only) to be applied, where applicable: YES NO

PRESCRIBED INVESTOR RATE: For non-NZ tax residents, the PIR is defaulted to 28%.

You need to inform Direct Broking if any information changes during a tax year.

IDENTIFICATION REQUIREMENTS & ADDITIONAL INFORMATION ABOUT BENEFICIARIES

All financial institutions in New Zealand are required by law (and additionally for NZX Firms, NZX Limited Rules) to verify the identity of clients and other persons. We will not be able to open your account without this. **PLEASE NOTE THAT IDENTIFICATION IS REQUIRED FOR THE ESTATE, EACH EXECUTOR, ADDITIONAL AUTHORISED PERSONS.**

Please provide the applicable information and the required documentation below (original of the document or a good quality original of the certified copy, as the case may be)

Note: You must ensure that any copies you provide have been certified by a "Trusted Referee" before being sent to us. See "Provision or Certification of Documents" on the next page.

FOR THE ESTATE :

(a) A certified copy of the Probate. If Probate is not to be issued a copy of the Will and Death Certificate

AND (where a bank account is open in the name of the Estate),

(b) * A pre-printed bank deposit slip, recent bank statement or other notice issued by the Estate's bank in the name of the Estate, AND

(c) (i) The full names, dates of birth, and address (not a PO Box number) of EACH individual Executor and any person that is authorised to act for the Estate when dealing with Direct Broking. AND

(ii) As a primary form of photographic identification, the photograph and signature page(s) of a current valid and signed passport in the name of EACH Executor or Authorised Person or, ONLY if a passport is not held, a current valid New Zealand driver's licence in their name accompanied by one of the following: (i) a recent bank statement; or (ii) a recent statement from the Inland Revenue Department, or (iii) a current document issued by a registered bank that contains their name and signature, for example, a credit card, debit card or eftpos card; AND

(iii) Evidence of current residential address (not a PO Box) in the form of a recently dated rates or utility bill or credit card or bank statement in their name.

* This should match the Bank Account Details on the next page.

PROVISION OR CERTIFICATION OF DOCUMENTS

In order to enable us to verify your identity (and that of any person that you authorise to act on your behalf on your account ("authorised person") and of any beneficial owner) you must provide:

Document certification

Provide copies of the required identification documents to a Trusted Referee (who is not related to you, is not your spouse or partner, who does not live with you and is not a person involved in the transaction or business requiring the certification), for their certification. The Trusted Referee must be at least 16 years of age and one of the following:

(a) Commonwealth Representative (as defined in the Oaths and Declarations Act 1957); (b) a Police Constable; (c) Justice of the Peace; (d) Registered medical doctor or registered teacher; (e) Minister of religion; (f) Lawyer (as defined in the Lawyers & Conveyancers Act 2006); (g) Notary Public; (h) New Zealand Honorary Counsel, (i) Member of Parliament, (j) kaumatua, (k) a chartered accountant or [] a person who has legal authority to take statutory declarations or the equivalent in New Zealand.

The certifier must sight the original documents and state that the documents provided are a true copy and represent (in the case of documents relating to individuals) the identity of the named individual and (in the case of other documents) are a true copy of the original document. Certification must include the name, occupation and signature of the Trusted Referee and the date of certification, which must be within the three (3) months preceding the presentation of the documents.

AUTHORISED PERSON DETAILS & THEIR IDENTIFICATION

Complete this section in full to authorise person(s) that are nominated to operate the Account. Authorised persons are the only ones that Direct Broking will take instruction from. Their signature is required to indicate their acceptance of the nomination. **COPY THIS PAGE IF MORE THAN 4 PERSONS ARE INVOLVED.**

FULL NAME: _____

PLEASE STATE ANY OTHER LEGAL NAME YOU ARE OR HAVE BEEN KNOWN BY:

[If none, then please state so] _____

DATE OF BIRTH: _____

COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP (if more than one please also state):

1. _____ 2. _____

FULL RESIDENTIAL ADDRESS WHERE YOU LIVE: (Nota PO Box)

POSITION: _____

RELATIONSHIP TO THE ESTATE: _____

☎ TELEPHONE NUMBER: _____

EMAIL: _____

SIGNATURE OF AUTHORISED PERSON: _____

DATE: _____

FULL NAME: _____

PLEASE STATE ANY OTHER LEGAL NAME YOU ARE OR HAVE BEEN KNOWN BY:

[If none, then please state so] _____

DATE OF BIRTH: _____

COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP (if more than one please also state):

1. _____ 2. _____

FULL RESIDENTIAL ADDRESS WHERE YOU LIVE: (Nota PO Box)

POSITION: _____

RELATIONSHIP TO THE ESTATE: _____

☎ TELEPHONE NUMBER: _____

EMAIL: _____

SIGNATURE OF AUTHORISED PERSON: _____

DATE: _____

FULL NAME: _____

PLEASE STATE ANY OTHER LEGAL NAME YOU ARE OR HAVE BEEN KNOWN BY:

[If none, then please state so] _____

DATE OF BIRTH: _____

COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP (if more than one please also state):

1. _____ 2. _____

FULL RESIDENTIAL ADDRESS WHERE YOU LIVE: (Not a POBox)

POSITION: _____

RELATIONSHIP TO THE ESTATE: _____

☎ TELEPHONE NUMBER: _____

EMAIL: _____

SIGNATURE OF AUTHORISED PERSON: _____

DATE: _____

FULL NAME: _____

PLEASE STATE ANY OTHER LEGAL NAME YOU ARE OR HAVE BEEN KNOWN BY:

[If none, then please state so] _____

DATE OF BIRTH: _____

COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP (if more than one please also state):

1. _____ 2. _____

FULL RESIDENTIAL ADDRESS WHERE YOU LIVE: (Nota PO Box)

POSITION: _____

RELATIONSHIP TO THE ESTATE: _____

☎ TELEPHONE NUMBER: _____

EMAIL: _____

SIGNATURE OF AUTHORISED PERSON: _____

DATE: _____

POLITICALLY EXPOSED PERSONS - ADDITIONAL INFORMATION

(Please complete as appropriate)

Is the Account Holder(s) (or any person who has an interest in, or who is an Authorised Person on, the Account) the holder of, or has held any time in the last 12 months, the function of either (1) a Head of State or head of country or government, a senior central bank, military, governmental, state enterprise, governmental or political figure, or a senior judge, a senior foreign representative, ambassador or high commissioner or (2) closely associated with or an immediate family member of such a person?

Yes

No

If yes, identify the official office held and country:

Further information may be required at the discretion of Direct Broking.

BANK ACCOUNT DETAILS

For settlement purposes on this account, it must be an Estate bank account or Lawyers Trust account. This information will stand until revoked in writing. [Please attach pre-encoded bank deposit slip or other confirmation of the account from the

ACCOUNT NAME: _____ BANK NAME/BRANCH: _____

ACCOUNT NUMBER: _____

The bank account is used for Identification and AML purposes. This is the only bank account Direct Broking can receive from, or pay monies to, unless otherwise agreed in writing. Direct Broking may debit this bank account in the event the Cash Management Trust Account (CMT) does not hold sufficient funds to pay for the purchase of securities or fees. All sale proceeds and distributions will be credited to your CMT. Please refer to the Direct Broking website Terms and Conditions for more information regarding the CMT.

SOURCE OF FUNDS FOR INVESTMENT AND NATURE OF BUSINESS RELATIONSHIP

Please provide the following information, which will be relied upon by Direct Broking in our decision to open your account and in providing services to you. Additional information may be requested at our discretion.

1. SOURCE OF ESTATE FUNDS FOR INVESTMENT PURPOSES: (Please confirm the origin of the deceased's wealth, for example, business earnings, salary, and/or property sale, investment returns and/or other sources [please specify])

2. NATURE AND PURPOSE OF BUSINESS RELATIONSHIP: (Why the Executors want to open an account, the estimated amount of funds to be invested, and the nature and intended level of activity on the Account)

DECLARATION AND SIGNATURES

The Estate confirms that it has read a copy of the Direct Broking Terms and Conditions and Broker Disclosure Statement, located on the Direct Broking website. The Estate confirms that it has not been declined service by any other financial services provider. The Estate confirms that the particulars supplied in the Schedule are correct and that it has read and understood this Agreement and agrees to comply with it. The person(s) identified above as Authorised Persons have read understood and agree to comply with this Agreement and are authorised to operate the Account on behalf of the Estate. By signing below and returning this Agreement to Direct Broking, the Estate agrees to the provision to it by Direct Broking of sharebroking and ancillary services on the Terms and Conditions set out on the Direct Broking website, the Appendices thereto and agree to abide by those Terms and Conditions. The Executors acknowledge that they have read the risk disclosures relevant to the Estate.

Signed by **each** Executor for and on behalf of: _____

By: _____ Date _____
(Executor)

By: _____ Date _____
(Executor)

By: _____ Date _____
(Executor)

By: _____ Date _____
(Executor)

Direct Broking agrees to provide to the Estate named above sharebroking and ancillary services on the Terms and Conditions set out on the Direct Broking Website and agrees to abide by those Terms and Conditions.

Signed for and on behalf of **Direct Broking** by:

Direct Broking Authorised Signatory: _____ Date _____

Direct Broking is owned and operated by Jarden Securities Limited and has a strategic alliance with ANZ Bank Limited. Direct Broking will retain the original copy of this Agreement. Please contact us if you require a copy for your records. If this Agreement is completed and sent to us by facsimile or in electronic means, please ensure that the original document follows by post.

Contact Us:

Post: Direct Broking, PO Box 1118, Wellington 6140
Email: info@directbroking.co.nz
Phone: 0800 805 777