For a full list of definitions see page 16 at the end of this document.

## **Trust / Deceased Estate Application Form**

This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone **0800 855 322**.

 $Note: For Trusts \& \, Deceased \, Estates \, account \, applications \, there \, is \, a \, minimum \, initial \, investment \, of \, \$25,000 \, per \, account, \, at \, Manager's \, discretion.$ 

Type of Entity						
Please select the appropriate box which describes your Entity.						
Discretionary Trust (Family Trust) Non-Discretionary Trust Dec	eased Estate Charitable Trust					
Please note, if the entity is a Non-Discretionary Trust you will need to provide full name and date of birth for all named beneficiaries as they appear in the trust deed along with your application.						
Investing Entity Details (Please write in capital letters)						
Name of the Trust / Deceased Estate (please list names of Trustees, Directors etc.)	on pages 5-8)					
Country of Incorporation of the Trust New Zealand Other (specify)						
Is the Trust / Deceased Estate registered under the Charitable Trusts Act 1957 or th	ne Charities Act 2005?					
No Yes (Registration number to be provided)						
If the Trust is a Discretionary Trust, Non-discretionary Trust or a Charitable Trust pl	ease provide the purpose of the Trust					
<b>Email</b> (This will be used as a method of primary communication)						
Phone						
Physical / Registered Address						
Suburb	City					
Country	Postcode					
Postal Address (if different from physical address)						
Suburb	City					
Country	Postcode					
Entity Tax Details						
Is the entity a tax resident in New Zealand? Yes No						
IRD No.*  If you don't know your IRD number go to www.ird.govt.nz/tasks/find-my-ird-number or contact IRD on 0800 227 774						
${}^\star For New Zealand tax residents, Generate requires a valid IRD number to establish the account the stable of the stable o$						
Prescribed Investor Rate ('PIR')						
	ermine your PIR you can go to www.ird.govt.nz/roles/portfolio-investment-entities/find-my- bed-investor-rate or contact the IRD on 0800 227774. If you are unsure of your PIR we mend you seek professional advice. If a PIR is not selected a 28% PIR will apply.					

For a full list of definitions see page 16 at the end of this document.

## **Trust / Deceased Estate Application Form**

Entity For	eign Tax Re	sidency	/ Deta	ils (Plea	se write	in cap	ital le	tters	)									
Financial Institu the Common R	ax compliance reg utions, to collect in eporting Standarc <b>x advice, please c</b>	formation a d ('CRS') is a	bout thei vailable fr	ir clients' for rom Inland	oreign tax d Revenue	reside	ency. F	urthe	inforr	mation a	bout th	e Forei	gn Acc	ount T	ax Com			
1 Is the ent	ity a tax reside	ent of and	other co	ountry (	other th	nan N	Jew 7	'eala	nd)?		Yes		,					
	d 'Yes' please list al												,					
Country of Ta	x Residence			TIN (or r	eason wh	ny TIN	lwası	ınable	to be	obtain	ed, see	list)						
													1 2	Coun	try does	supplyi sn't issue sn't requi n TIN	TIN	ollection
Non-Resident \	d to apply the Fore Withholding Tax ap er Levy applicable?	plicable	Yes			rules	on you	ır over	seas ir	nvestme	nts?	Ye	es [	No	)			
2. Is the ent	ity a Managed	Investm	ent Ent	ity of a l	Non Par	ticip	ating	g CRS	Cou	ntry?								
	olease continue to olease continue to																	
3. Is the ent	ity a Financial	Instituti	on for F	ATCA o	r CRS pı	urpo	ses?											
	ncial Institution a amily trust is likely t		,								,							
	- please choose ar													Ü	,	TOTAL IN	ai iciai ii is	Stitution
	Deemed Com									diction								
	Exempt Benef	icial Owner						New Z	ealand	d Financ	ial Instit	ution						
L	Participating F	oreign Finar	ncial Instit	tution			1									_		
(	GIIN if applicable																	
No -p	lease continue to	Question 4	below															
4. If it is a N	on-Financial e	entity und	der FAT	CA. ther	n what i	s the	prin	narv	sourc	ce of ir	come	as pe	er FAT	TCA?				
	– please contin	•						•										
=	E – please contin				(CCGtOI D	otano.	00000	попр	3800									
							•		٠.			101						
	entity have ar son means any ind	•	•				_						•				evercise	contro
(including thro	ugh an intermediar ustee, beneficiary	y, or a chair	of contro	ol or owne			_	,	,					_	_			
Yes -p	olease provide the otherwise please o	name and c	details for	each Con	_	erson.	If the i	ndivid	ual is a	Directo	or / Trust	ee / Ex	ecuto	r, this s	hould be	e provide	ed on pa	ges 5-8,
No -p	lease continue to	the Directo	r/Truste	e/Execut	or Details	sectio	on on p	page 5										
6. Politicall	y Exposed Per	sons																
– an individual ı	Director or Benefi who holds, or has h family member o	neld at any ti	ime in the												ew Zeala	and); or		
Yes	No			-,	6			,		-12.	, 1							
If 'Yes', please p	rovide details of th	ne public fu	nction he	ld and the	country:													

## **Trust / Deceased Estate Application Form**

 $This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone ~\bf 0800~855~322.$ 

Managed	Fund selection		
You may choos	se to invest in one fund or you	can choose to invest in a combination of funds. Pl	ease see section 3 of the Product Disclosure Statement for more details.
Focused (	Growth	<u>%</u>	
Balanced		%	
Conserva	tive	%	
Australasi	an	%	
Thematic		%	
Total (mus	st add to 100%)	100%	
	or Dorotto		
Investme	ent Details (Please writ	e in capital letters)	
	unds/Wealth		
	he original source of the fund documentation.	s you are investing with us. You may need to sup	ply proof of the source of funds such as sale and purchase agreement,
Inheritano	e Property sale	Asset/Business sale Personal income	Accumulated savings Deceased Estate Other
Please provide	further details and certified v	erification of the source of funds. For example, X	7Z Ltd sold for \$500,000 on 01/01/2018.
Primary pu	rpose of investment		
Returns or	n investment Diversific	ation of current portfolio	pecify)
Likely value of	investment \$		
How do you int	end to transact on this accou	nt? (Please select all that apply).	
Deposits:	Lump Sum (one off)	\$	
	Regular	\$	Frequency: Weekly Fortnightly Monthly
Withdrawals	: Lump Sum (one off)	\$	
	Regular	\$	Frequency: Weekly Fortnightly Monthly
	Now and then		
	nis information is requested so t up banking instructions.	lely in relation to Generate's Anti-Money Launder	ring and Countering Financing of Terrorism Act 2009 obligations and is
	mum <b>Initial</b> Investment amou	unt is \$25,000* and the minimum <b>Regular</b> Investi	ment amount is \$100*.
S	etails and Process		
•		shed with Generate before we can accept an	y funds for investment.
,	count has been setup, you wil provided below.	be provided with the appropriate bank account	: details and references for you to make a payment from your specified
D   A	. 5		
Bank Acc	ount Details		
Please provide	us with a New Zealand bank a	ccount and proof of these details.	
Account Holde	er Name (in the same name as	your Generate Managed Funds account)	
Account Numl	per Der		
Donk			
Bank		Branch	

### Proof of bank account

Please provide proof of your bank account, clearly showing the account name and account number, ensuring that the bank logo is included by supplying any one of the following:

- a pre-coded deposit slip
- a copy of a bank statement dated within the last 12 months
- an over-the-counter printed receipt with a tellers stamp
- $\ \ \text{an online bank account statement with the name of the bank in the header/footer}$
- $\ \, \mathsf{Bank}\,\mathsf{correspondence}\,\mathsf{with}\,\mathsf{the}\,\mathsf{account}\,\mathsf{name}\,\mathsf{and}\,\mathsf{account}\,\mathsf{number},\mathsf{dated}\,\mathsf{within}\,\mathsf{the}\,\mathsf{last}\,\mathsf{12}\,\mathsf{months}$

## **Trust / Deceased Estate Application Form**

This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone **0800 855 322**.

This part should only be filled out if a Trustee of the Trust is a Trustee Company

Company as a Trustee (Please write in capital letters)	
Trustee Company Name	
Trustee Company Number	
nacco company warmed	
Front Congruence	Dharra
Email (important)	Phone
Physical Address / Registered Company Address	
Suburb	City
Country	Postcode
Postal Address (if different from physical address)	
Suburb	City
Country	Postcode
Principal place of business	
This part place of securiose	
Suburb	City
	Oity
Country	Destands
Country	Postcode
Any (number) of the below named Director(s) may act on behalf of the Trustee Com	npany named above:
<u>Director Name</u>	Director Name

In addition to all Trustees, a minimum of two directors of the Trustee Company must sign the Agreement on page 13. Signatures of other directors will be required if they need to be authorised on the account.

## **Trust / Deceased Estate Application Form**

Director / Trustee / Executor 1 Details (Please write in capit	tal letters)
Position: Settlor Trustee Director of Trustee Compar	ny Executors of deceased estate
Title First Name	Middle Name
Surname	Preferred First Name
Date of Birth	Mobile
Email (important)	
Residential Address	
Postal Address	
<u>Suburb</u> City	Postcode
*For New Zealand tax residents, Generate requires a valid IRD number to establish the account  *Foreign Tax Residency  Are you a US citizen or US tax resident? Yes  Are you a tax resident in any other country (other than the US or NZ)? Yes  If you answered 'Yes' to either of the above questions please list all countries below	<ul><li>□ No</li><li>□ No</li></ul>
	Reason for not supplying TIN  1 Country doesn't issue TIN  2 Country doesn't require TIN collection  3 Cannot obtain TIN
For further information on your personal tax residency status please see http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance	ce/tax-residency or speak to a tax adviser.
Investor Identification	
If you agree to Electronic Identity Verification please tick the box below. If you do no	ot agree please follow the instructions on page 13.
<b>Electronic Identity Verification and Proof of Address</b> Generate can confirm the identity and/or address of many of our clients in New Z external third party system not owned by Generate to conduct identity checks in the	Cealand or Australia electronically, with their permission. Please note that we use an his way.
	formation to and checking it with the document issuer, official record holder and
•	ort or current drivers' licence (front & back) from New Zealand or Australia. ct you to provide physical documents.

## **Trust / Deceased Estate Application Form**

Director / Trustee / Executor 2 Details (Please write in cap	oital letters)
Position: Settlor Trustee Director of Trustee Compa	any Executors of deceased estate
Title First Name	Middle Name
Surname	Preferred First Name
Date of Birth	Mobile
Email (important)	
Residential Address	
Postal Address	
<u>Suburb</u> City	Postcode
*For New Zealand tax residents, Generate requires a valid IRD number to establish the accour  *Foreign Tax Residency  Are you a US citizen or US tax resident? Yes  Are you a tax resident in any other country (other than the US or NZ)? Yes  If you answered 'Yes' to either of the above questions please list all countries below	<ul><li>□ No</li><li>□ No</li></ul>
	Reason for not supplying TIN  1 Country doesn't issue TIN 2 Country doesn't require TIN collection 3 Cannot obtain TIN
For further information on your personal tax residency status please see http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistan	nce/tax-residency or speak to a tax adviser.
Investor Identification  If you agree to Electronic Identity Verification please tick the box below. If you do n	not agree please follow the instructions on page 13.
Electronic Identity Verification and Proof of Address	
	Zealand or Australia electronically, with their permission. Please note that we use an this way.
	nformation to and checking it with the document issuer, official record holder and
·	oort or current drivers' licence (front & back) from New Zealand or Australia. act you to provide physical documents.

## **Trust / Deceased Estate Application Form**

Director / Trustee / Executor 3 Details (Please write	te in capital letters)
Position: Settlor Trustee Director of Trustee	e Company Executors of deceased estate
Title First Name	Middle Name
Surname	Preferred First Name
Date of Birth	Mobile
Email (important)	
Residential Address	
Postal Address	
Suburb City	Postcode
	If you don't know your IRD number go to www.ird.govt.nz/tasks/find-my-ird-number or contact IRD on 0800 227 774 he account.  Yes No Yes No The account Number ('TIN') for each country.  The was unable to be obtained, see list)
	Reason for not supplying TIN  1 Country doesn't issue TIN  2 Country doesn't require TIN collection  3 Cannot obtain TIN
For further information on your personal tax residency status please see http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-	assistance/tax-residency or speak to a tax adviser.
Investor Identification	voludo not agree places fallo, the instructions on page 17
If you agree to Electronic Identity Verification please tick the box below. If	уод до посаднее рівазе топом спення истоня ОП раденз.
<b>Electronic Identity Verification and Proof of Address</b> Generate can confirm the identity and/or address of many of our clients external third party system not owned by Generate to conduct identity ch	in New Zealand or Australia electronically, with their permission. Please note that we use an
	ng my information to and checking it with the document issuer, official record holder and
·	d passport or current drivers' licence (front & back) from New Zealand or Australia. vill contact you to provide physical documents.

## **Trust / Deceased Estate Application Form**

Director / Trustee / Executor	4 Details (Please write in capi	tal letters)	
Position: Settlor Trustee	Director of Trustee Compar	ny Executors of deceased est	cate
Title First Name		Middle Name	
Surname		Preferred First Name	
Date of Birth	YYY	Mobile	
Email (important)			
Residential Address			
Postal Address			
Suburb	City	Postcode	
Are you a tax resident of New Zealand? YRD No.*  *For New Zealand tax residents, Generate requires a  Foreign Tax Residency  Are you a US citizen or US tax resident?  Are you a tax resident in any other country (other you answered 'Yes' to either of the above questionally of Tax Residence	or contivalid IRD number to establish the account  Yes  The than the US or NZ)?  Yes  Pestions please list all countries below	□ No □ No	
			Reason for not supplying TIN  1 Country doesn't issue TIN 2 Country doesn't require TIN collection 3 Cannot obtain TIN
For further information on your personal tax re http://www.oecd.org/tax/automatic-exchange		ce/tax-residency or speak to a tax advis	er.
Investor Identification			
If you agree to Electronic Identity Verification p	please tick the box below. If you do no	ot agree please follow the instructions o	n page 13.
<b>Electronic Identity Verification and Proof o</b> Generate can confirm the identity and/or add external third party system not owned by General	ress of many of our clients in New Z		their permission. Please note that we use an
	•	•	document issuer, official record holder and
I have included a copy of my identification Please note, if we are unable to identify you			

## **Trust / Deceased Estate Application Form**

This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone **0800 855 322**.

Controllir	ng Person			
		please complete the name and details has already provided their informa	_	d to include them in this section.
Controllir	ng Person 1 (Please writ	e in capital letters)		
Title	First Name	Middle Name	Surname	
Date of Birth	D D M M	YYYY	Role/Relationship to Entity	
Email (import	tant)		Contact Phone	
Residential Add	dress			
Suburb		City	Postcode	
Foreign Tax	Residency			
Are you a US ci	tizen or US tax resident?	Yes	No If yes then complete IRD W9 fo	orm, available on request or online at the IRS website
Are you a tax re	esident in any other country (ot	her than the US or NZ)? Yes	No	
If you answere	d 'Yes' to either of the above qu	estions please list all countries below a	and provide the Tax Identification Nur	mber ('TIN') for each country.
Country of Ta	x Residence	TIN (or reason why TIN was	unable to be obtained, see list)	
				Reason for not supplying TIN  1 Country doesn't issue TIN  2 Country doesn't require TIN collection  3 Cannot obtain TIN
	cd.org/tax/automatic-exchang	e/crs-implementation-and-assistance	e/tax-residency or speak to a tax advis	ser.
Title	First Name	Middle Name	Surname	
Date of Birth	D D M M	YYYY	Role/Relationship to Entity	
<b>Email</b> (import	tant)		Contact Phone	
Residential Ado	dress			
Suburb		City	Postcode	
Foreign Tax	Residency			
Are you a US ci	tizen or US tax resident?	Yes	No If yes then complete IRD W9 fo	orm, available on request or online at the IRS website
Are you a tax re	esident in any other country (ot	her than the US or NZ)? Yes	No	
If you answere	d 'Yes' to either of the above qu	estions please list all countries below a	and provide the Tax Identification Nur	mber ('TIN') for each country.
Country of Ta	x Residence	TIN (or reason why TIN was	unable to be obtained, see list)	
				<ol> <li>Reason for not supplying TIN</li> <li>Country doesn't issue TIN</li> <li>Country doesn't require TIN collection</li> <li>Cannot obtain TIN</li> </ol>
	ormation on your personal tax r cd.org/tax/automatic-exchang	esidency status please see e/crs-implementation-and-assistance	e/tax-residency or speak to a tax advis	ser.

For a full list of definitions see page 16 at the end of this document.

## **Trust / Deceased Estate Application Form**

Authority to Act (Please write in capital letters)				
Complete this section to give authority to act on behalf of the applicant.				
We the Trustees:				
I. Confirm that we are all the current and validly appointed Trustees of the Trust				
2. Confirm that we have decided to invest in Generate Managed Funds from time to time				
3. Authorise that the following named Trustees (acting jointly where more than one name is given)				
Name				
Name				
value .				
Name				
Name				
may, until further written notice to the contrary, instruct Generate on behalf of all of the Trustees to:				
a) reallocate any or all amounts invested between Funds in the name of the Trust b) withdraw any or all amounts from any Fund(s) provided that such amounts are payable to the Trust				
c) deposit any further amounts into any Fund(s) in the name of the Trust				
. Ratify the actions of the above authorised Trustees so acting				
5. Indemnify Generate in respect of any liability incurred by Generate in acting in reliance upon this Authority	to Act.			
Please note, you must immediately notify Generate of any changes to the Trustees of the Trust.  This Authority to Act will then be revoked and, if required, a new Authority to Act will need to be completed. As a minimum of two Directors) must sign the Agreement	All Trustees (and if a Trustee Company is involved,			
Signature of Trustee / Director 1				
	Date Signed			
Signature of Trustee / Director 2				
	Date Signed			
Signature of Trustee / Director 3				
	Date Signed			
Signature of Trustee / Director 4				
Signature of Trustee/Director 4				
	Data Signad			
	Date Signed			

## **Trust / Deceased Estate Application Form**

Beneficiaries of the Trust Deed (Please write in capital letters)					
	name and date of birth of any named b				
Beneficiary 1					
Title	First Name	Middle Name			
Surname		Date of Birth	D D M M Y Y Y		
Beneficiary 2					
Title	First Name	Middle Name			
Surname		Date of Birth			
Beneficiary 3					
Title	First Name	Middle Name			
Surname		Date of Birth	D D M M Y Y Y		
Beneficiary 4					
Title	First Name	Middle Name			
Surname		Date of Birth	D D M M Y Y Y		
Beneficiary 5					
Title	<u>First Name</u>	Middle Name			
Surname		Date of Birth	D D M M Y Y Y		
Beneficiary 6	;				
Title	First Name	Middle Name			
Surname		Date of Birth	D D M M Y Y Y		

# **Trust / Deceased Estate Application Form**

Beneficia	ries of the Trust Deed (Plea	se write in capital letters)	
Please list the fu	ıll name and date of birth of any named b	peneficiaries on the trust deed below:	
Beneficiary	7		
Title	First Name	Middle Name	
Surname		Date of Birth	D D M M Y Y Y
Beneficiary	8		
Title	First Name	Middle Name	
Surname		Date of Birth	D D M M Y Y Y
Beneficiary	9		
Title	First Name	Middle Name	
Surname		Date of Birth	D D M M Y Y Y
Beneficiary	10		
Title	First Name	Middle Name	
Surname		Date of Birth	D D M M Y Y Y
Beneficiary	11		
Title	First Name	Middle Name	
Surname		Date of Birth	D D M M Y Y Y
Beneficiary	12		
	First Name	Middle Name	
Surnama		Date of Rinth	

## **Trust / Deceased Estate Application Form**

This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone **0800 855 322**.

## Identity and Proof of Address Documents (Non Electronic Identity Verification)

If you have opted not to use Electronic Identity Verification please provide the following documentation
If you did not pass the Electronic Identification Verification check then we will be in contact with you as you will need to provide the following documentation.

Please provide a certified photocopy of each document:

- The documents can be verified by a Generate employee or certified by a Trusted Referee as described below.
- These documents cannot be scanned to us (we need the copy that has been physically certified).
- Please do not send in original versions of your identity documents.

OPTION 1	OPTION 2			
Passport; or New Zealand Firearms Licence.	New Zealand Drivers Licence (front and back)	In combination with the following:  Birth certificate; or  Bank statement, dated within the last 12 months; or  Government agency letter, dated within the last 12 months (eg. IRD, Work & income, Electoral Commission); or  Valid credit of debit card with name embossed & signature.		
Choose one of the acceptable forms of <b>proof of address</b> for applicant's residential address (not a PO Box) by sending us a copy of an invoice, statement, letter or contract in applicant's name, dated within the <b>last 12 months</b> , from one of the following sources:  Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider)  Government or local Government agency e.g. IRD, benefits statement, Council notice				
NZ Bank correspondence	correspondence Car registration notification/demand			
Non-Generate KiwiSaver correspondence	lnsurance compa	any (car, house, contents)		
If you do not have one of the above forms then please provide a copy of an invoice, statement, letter or contract in applicant's name, dated within the <b>last 3 months</b> , from one of the following sources:				
Non-bank, non-KiwiSaver financial institut	ion Insurance compa	any (health, life)		
Rental tenancy agreement				

## Certification of your Documents

Provide certified copies of identity documents and proof of address (which is not required to be certified).

An employee or agent of Generate can verify original documents by sighting the original documents and then making the following statement "I verify that the attached documents are true copies of the original documents and that they represent the identity of [full name of the person being identified]"

- Certification must be within the last three months.
- $\ \, \text{Any birth certificates that have been issued before 2003 should be certified or verified}.$
- The approved person cannot be your spouse, partner, relative or living at the same address as you.
- The approved person could be: a JP; Chartered Accountant; Lawyer; Police Officer; Registered Teacher; Registered Doctor or any other person who has legal authority to take statutory declarations in New Zealand.
- Upon comparing the copy with the original document, the approved person must write on the copy their name, occupation, their signature, the date and the following, "I certify this to be a true copy of the original document and confirm that it represents the identity of [full name of person being identified]"

## **Trust / Deceased Estate Application Form**

This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone **0800 855 322**.

## **Privacy Statement**

Generate Investment Management Limited (or Generate group companies), Public Trust, any of their authorised agents, and any distributor (each an "Authorised Person") may collect personal information that you provide to us. If you do not provide the required information, we may not be able to onboard you. Generate will (or through Apex Investment Administration (NZ) Limited will) hold the information securely. Your information will be used by Generate and the Supervisor to manage your relationship with Generate and the Supervisor, to provide products and services to you, to comply with any applicable laws, to offer you further products and services that may be of interest to you and for any other use for which you have given authorisation. We may also disclose your personal information for these purposes to our staff members, related companies, our third party service providers and to the Financial Markets Authority or other applicable regulators.

Generate may further use your information to electronically verify your identity. We may pass your information to and check it with the document issuer, official record holder and authorised third parties that Generate has contracted to carry out the verification process. Generate may share your information and the results of the verification process with appropriate third parties (such as a distributor or adviser that will or has been providing services to you) to enable that third party to comply with any applicable laws.

If you contact us or we contact you, we may keep a record of that contact. We may also monitor and record calls you make to us and we make to you. You may request the information held about you, and if any of the information is incorrect, ask for it to be corrected. You can do this by contacting us by email or call us on 0800 855 322.

## **Electronic Provision of Information**

I/We consent to receiving any communication from Generate or any related affiliates (e.g. Supervisor, Administrator or companies within the Generate group) electronically via Generate's online portal, or at the email address provided in this Application Form or direct to Generate.

## **Declarations and Authorisations**

I/We wish to apply for units in the Scheme. I/We confirm that I/we have received, read and understood the current Generate Unit Trust (Managed Funds) Scheme Product Disclosure Statement and online register entry and agree to be bound by the terms and conditions set out in the Product Disclosure Statement and Trust Deed governing the Scheme. I/We understand that if a transaction request is invalid or insufficient information is provided, it will not be processed until valid documentation is received.

I/We understand that neither Generate nor the Supervisor has represented or implied that any particular fund or investment strategy is appropriate for my/our particular circumstances. I/We understand that investments in the Scheme are subject to investment risk and that the value of my/our investment may rise and fall from time to time. I/We understand that the distributor through which I/we joined the Scheme (if applicable) may be remunerated by Generate for distributing the Scheme. I/We acknowledge that none of Generate, the Supervisor and any distributor through which I/we joined the Scheme will be liable to me/us for any loss as a consequence of them accepting or acting on instructions from me/us or an authorised signatory in respect of my/our investment in the Scheme (and that none of Generate, the Supervisor, or any other person guarantees the performance of the Scheme or the repayment of any money payable from the Scheme).

I/We confirm that all of the information in this application form is true and correct. I/We agree to notify Generate immediately if there is any change in the information given in this application form (including in relation to any present or future Controlling Person(s)).

To the extent that the information provided in this Application Form relates to a person who is a Controlling Person of the unitholder, I/we certify that I/we have the authority of such Controlling Person to sign this form on their behalf.

By signing this Application Form I/we consent to receive all forms of information and communication including account information, confirmation information, newsletters, Scheme annual reports, annual statements and annual tax certificates by any form of communication including email or other electronic means.

I/We agree to receive communications that are required by law and those provided in connection with your Generate account. Any electronic communication not required by law will include an unsubscribe facility. Telephone calls may be recorded for training purposes or to provide security for transactions by Generate, its related companies or agents.

I/We confirm that I/we have read and I/we accept the 'Declarations' in the above section.

In addition to all Trustees a minimum of two Directors of the Trustee Company must sign this form.

Signature of Director/Trustee/Executor 1	
	Date Signed
Signature of Director/Trustee/Executor 2	
	Date Signed
Signature of Director/Trustee/Executor 3 (if relevant)	
	Date Signed
Signature of Director/Trustee/Executor 4 (if relevant)	
Adviser Information (Internal Use Only)	
Name of Adviser	Adviser Code

Name of Adviser		Adviser Code
Verification of Identity*		
I verify that the attached documents are true copies of the	original documents and that they represent the $\operatorname{id}$	lentity of:
Applicant's Name	Signed	Date of Verification
Applicant's Name	Signed	Date of Verification
Applicant's Name	Signed	Date of Verification
Applicant's Name	Signed	Date of Verification

 $<sup>\</sup>star$  I confirm that I have sighted the physical applicant and ID documents **in person** (must not be done via video e.g Zoom).

**Document Checklist** 

## **Trust / Deceased Estate Application Form**

 $This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone ~\bf 0800~855~322.$ 

Tru	ast or Estate Checklist			
Please complete the checklist below and supply all the relevant supporting documents.				
	Trust applications only – minimum \$25,000 initial investment			
	Trust Deed and any amendments			
	Certified copy of Probate/Letters of Administration (Estates only)			
	Electronic Identity Verification consent OR certified identification (as per the table on page 13) for all persons with power to alter the Trust, including:  • All Trustees  • Appointer or Protector  • Settlor  • Beneficiaries of a Non-Discretionary Trust with 25% or more interest			
	Directors of a Trustee Company with 25% or more shareholding     Individuals acting under a Power or Attorney			
	Electronic Identity Verification OR certified address proof (as per the table on page 13) for the above individuals			
	Full name and date of birth of any named Beneficiaries of a Non-Discretionary Trust and Discretionary Trust			
	Details and verification of source of funds or wealth (certified copy)			
	Proof of bank account in the Trust or Estate's name			
	If a Trustee is a company, rules for a company also apply as per the below Companies Checklist table			
	US citizen and Financial Institution details			
	Foreign tax residency details of each Controlling Person, Director or Beneficiary			
	IRD number			
	Application form completed and signed by all relevant individuals			
Со	mpany / Partnership / Entity Checklist			
Plea	ase complete the checklist below and supply all the relevant supporting documents.			
	Company & Partnership applications – minimum \$25,000 initial investment			
	Electronic Identity Verification consent OR certified identification (as per the table on page 13) for all persons with controlling powers, including:  • Directors  • Beneficial Owners with 25% or more shareholding  • Individuals with effective control such as a CEO or Managing Director  • Nominee Director, Nominee Partner or Nominee Shareholder  • Authority to Act on Behalf of the Applicant (e.g. authorised persons; those with Power of Attorney)			
	Electronic Identity Verification consent OR certified address proof (as per the table on page 13) for the above individuals			
	Details and verification of source of funds or wealth			
	Proof of bank account in the applicant's name			
	US citizen and Financial Institution details			
	Foreign tax residency details of each Controlling Person, Director or Officer			
	IRD number			
	Application form completed and signed by all relevant individuals			
	Certificate of Incorporation (if applicable)			

## Where to send your application

 $\textbf{Email return:} \ Please scan this application and all supporting documentation and email them to us at application@generatewealth.co.nz \ \textbf{or} \$ 

 $\textbf{Postal return:} \ \textbf{Please send this application and any supporting documentation to:} \\$ 

Generate Investment Management Limited, PO Box 91609, Victoria Street West, Auckland 1142

## **Trust / Deceased Estate Application Form**

This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone 0800 855 322.

## Appendix of Definitions

### Foreign Account Tax Compliance Act (FATCA)

Under an agreement between New Zealand and the United States, and under New Zealand law, Financial Institutions (FIs) collect tax residency information about United States citizens and tax residents. FIs report the information to Inland Revenue, who may share it and account information with the United States Internal Revenue Service (IRS).

### Common Reporting Standard (CRS)

A set of rules developed by the OECD on how countries taking part in the automatic exchange of financial account information (AEOI) collect, report, and share financial account information. Under New Zealand law, Financial Institutions must collect tax residency information about any people or entities that are tax resident of countries other than New Zealand and report it and account information to Inland Revenue, who may share it and account information with certain Participating CRS Countries.

### Managed Investment Entity (MIE)

An entity that:

- in the past three financial years or if shorter, the period since the entity has been trading, earned more than 50% of its gross income from investing or trading in financial assets, and
- is managed or controlled by another Financial Institution that has responsibility and power to make and carry out investment decisions for them.

For example, a trust may be a Managed Investment Entity, if a trustee is a Financial Institution and that trustee invests or manages the trust's property without needing prior approval from other trustees.

### Non-Participating CRS Country

A country that does not have an agreement to share specified tax information with other countries.

For a full list of Participating CRS Countries:

https://www.classic.ird.govt.nz/technical-tax/determinations/crs/aeoi-participating-jurisdictions/aeoi-participating-jurisdictions-from-april-2019/

### Deemed Compliant Foreign Financial Institution

A non-US Financial Institution that doesn't have to register with the IRS in relation to FATCA. If you choose this status, you'll need to complete and return a W-8BEN-E form obtainable from the IRS website at www.irs.gov/pub/irs-pdf/fw8bene.pdf

### **Exempt Beneficial Owner**

The term "Exempt Beneficial Owner" means:

- a Governmental Entity The entity is a non US government or political subdivision thereof
- an International Organisation International or supranational organisation whose income does not benefit private persons
- a Central Bank An institution that is the principal authority in issuing instruments intended to circulate as currency
- · certain Retirement or Pension Plans
- an entity that is wholly owned by an Exempt Beneficial Owner depository institution

### Financial Institution

A Custodial Institution, a Depository Institution, an Investment Entity or a Specified Insurance Company. For assistance in identifying whether you are a Financial Institution, please refer to www.ird.govt.nz and use the search phrase "CRS glossary".

### Participating Foreign Financial Institution

A non-US Financial Institution that has entered an agreement direct with the IRS to report information on account holders who are US tax residents.

#### Partner Jurisdiction Financial Institution

The term "Partner Jurisdiction Financial Institution" means:

- any Financial Institution resident in a Partner Jurisdiction but excluding any branches of such Financial Institution that are located outside the Partner Jurisdiction
- any branch of a Financial Institution not resident in the Partner Jurisdiction, if such branch is located in the Partner Jurisdiction.

Partner Jurisdiction means a jurisdiction that has in effect an agreement with the US to facilitate the implementation of FATCA.

#### **New Zealand Financial Institution**

A Financial Institution that is resident in New Zealand (excluding any branches located outside New Zealand) and any branch of a Financial Institution not resident in New Zealand. If such a branch is located in New Zealand.

### The Global Intermediary Identification Number (GIIN)

A 19-character number, issued by the US Internal Revenue Service to uniquely identify an entity registered with the IRS for FATCA.

### Non-Financial Entity (NFE)

An entity that is not a Financial Institution

### Active Non-Financial Entity (NFE)

A NFE that, in the last financial year, had less than 50% of assets held to produce Passive Income, and less than 50% of its gross income came from Passive Income. Specific types of Active NFEs include holding/treasury companies, start-up companies, entities in liquidation and bankruptcy, tax-exempt non-profit organisations, and other Active NFEs.

A registered charity that is a NFE will be an Active NFE (even if it derives predominately Passive Income).

### Passive Non-Financial Entity (NFE)

A NFE that is not an Active NFE.

### Passive Income

Income that includes interest, dividends, rent, or royalties that is not income from a transaction entered into in the ordinary course of the business of a dealer in financial assets.

### **Controlling Person**

Any individual who can exercise control over the investing entity or any other natural person exercising or having the ability to exercise control (including through an intermediary, or a chain of control or ownership). This could include:

- for companies: shareholders with more than 25% ownership interest and directors
- for partnerships: the partners
- for trusts: settlors, trustees, protectors, beneficiaries\* or other natural persons, regardless of whether any of them in practice exercises control over the activities of the trust

\*A discretionary beneficiary or class of discretionary beneficiaries (that does not otherwise control a trust) should only be treated as a Controlling Person if they have received a distribution from the trust or intend to exercise vested rights. The trust or trustee should inform Generate if they make a distribution to such a beneficiary or when a beneficiary intends to exercise rights.

Where an entity occupies a position of control in relation to an investing entity, you will need to identify the individuals that are Controlling Persons of that entity.

## Tax Identification Number (TIN)

The taxpayer identification number is an identification number used by a tax authority to administer their tax laws.

It is the equivalent to the New Zealand Inland Revenue Number (IRD Number).