## Generate Managed Funds

## **Lump Sum Investment Form**

 $If you would like help completing this form, please email in fo@generate we alth. co.nz or phone us on 0800\,855\,322.$ 

Use this form to make a lump sum Investment to your Generate Managed Fund account.

Investor Details				
Investor/Entity name				
Date of Birth DDMMMMYYYYY	IRD No. If you don't know your IRD number, please call the IRD on 0800 227774 or visit www.ird.govt.nz/tasks/find-my-ird-number			
Residential address				
<u>City</u> Country	Postcode			
Home Phone	Work Phone			
Mobile	Email			
Generate Managed Fund Investor Number GMF				
Lump Sum Investment				
Intend to deposit	into Generate's Managed Fund bank account.			
Please invest this deposit either:				
as per my current investment election				
as per the following:				
Focused Growth %				
Balanced %				
Conservative %				
Total (must add to 100%) 100%				
AML / CFT Requirements  We are required to collect additional information relating to the source and/or wealt Terrorism Act 2009 before we can accept your deposit.	th of funds under the Anti-Money Laundering and Countering Financing of			
What is your current occupation? If you do not work, please state your position, e.g. retired, student, unemployed				
What annual income bracket applies to you?.				
Under \$30,000 \$30,000 - \$40,000 \$70,000 \$70,000 \$70,000	\$40,000 - \$50,000 \$50,000 \$50,000 - \$60,000 \$90,000 or more			

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## **Lump Sum Contribution Form**

Other Requirements (continued)					
Please indicate below how you acquired the money you are investing and attach evidence of the source of funds.  Please also attach appropriate documentation as evidence of this e.g. bank statements, Sales and purchase agreement, Term deposit maturity letters, etc.					
Compensation payment	Money from existing Trust		Savings		
Inheritance	Divorce settlement		Gift		
Salary/bonus	Lottery/betting win		Policy claim/maturity		
Sale of company	Sale of investments		Sale of property		
Other (please provide details below)					
Acknowledgement					
I understand that this voluntary contribution to my ma					
<ul> <li>invested in the investment option(s) I have selected</li> <li>the contributions will be allocated as soon as pract</li> </ul>	d (if applicable); and icable after receiving this completed form and required	d sup	porting evidence.		
Signature					
Electronic signatures are only acceptable accompanied with a verified audit trail					
Date:					
Checklist					
Thave:					
Completed all sections of the form					
Provided supporting documents to evidence source of funds / wealth					
Where to send this form					
Email return: Please scan this completed form and all supporting documentation and email it to us at info@generatekiwisaver.co.nz or  Postal return: Please send this completed form and all supporting documentation to:					
Generate Investment Management Limited, PO Box 916	609, Victoria Street West, Auckland 1142				
Should you have any questions or require any help in completing this form, please call us on 0800 855 322.					
The information in this form is being collected for the purposes of effectively managing your investment and it will be held by Generate Investment Management Limited. It may be disclosed to third parties to the extent that it is necessary to administer your application and any withdrawals from the Scheme.					

 $You \, can \, ask \, to \, see \, the \, personal \, information \, that \, Generate \, holds \, about \, you \, by \, calling \, us \, on \, 0800 \, 855 \, 322.$