

Fisher Funds LifeSaver Plan Application Form

Please post this Application Form, identity documents and any other relevant information, to:
Fisher Funds, Private Bag 93502, Takapuna, Auckland 0740 or email to **lifesaver@fisherfunds.co.nz**.

Please tick this box if you are applying for membership of the NZRDA Member Superannuation Plan (NZRDA)

All pages of the application form must be supplied. Applicants must be over 18 years of age.

Investor details

Please note that your application cannot be processed where the name of the applicant does not match the identity documents supplied.

Title First name/s

Surname

Date of birth / / IRD number Male Female

Prescribed Investor Rate (PIR) — please tick one — see page 17 to determine your rate; if a PIR is not selected, 28% will apply.

10.5% 17.5% 28%

Physical address (not a PO Box number)

City Country Postcode

Postal address (if different from above)

City Country Postcode

Home phone () Business phone () Mobile ()

Email address (by providing your email address you consent to receive newsletters and any other correspondence by email)

Are you a U.S. citizen or U.S. tax resident?
 Yes No

Are you a tax resident in another country (other than the U.S. or New Zealand)?
 Yes No

If Yes to either of the above questions, what is your taxpayer identification number (TIN) or equivalent?

Country of tax residence	Taxpayer identification number (TIN) or equivalent (or reason why TIN was unable to be obtained)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Contribution details

Please complete either the percentage of annual salary or the \$ amount each pay day.

	Percentage of annual salary	\$ amount each pay day
Investor contribution	%	\$
Voluntary contribution	%	\$
Salary sacrifice (please refer to the employer supplement to see if this is available to you)	%	\$
Total	%	\$

Investment options

You can create your own investment strategy by choosing a specific fund or a mix of funds in the proportions you wish. Please show the percentages in whole numbers and ensure they add up to 100%. If you do not select a fund your contributions will be automatically invested in the LifeSaver Balanced Fund (or the fund specified in your employer supplement). For help with choosing an investment strategy please refer to our Investor Profile Questionnaire at fisherfunds.co.nz/lifesaver.

To select an investment strategy please tick the relevant box below:

- Conservative strategy
(100% Conservative Fund)
- Balanced strategy
(100% Balanced Fund)
- Growth strategy
(100% Growth Fund)

OR

To build your own investment strategy simply complete the table below:

Funds	% Contributions
Preservation Fund	%
Conservative Fund	%
New Zealand Fixed Income Fund	%
Balanced Fund	%
Growth Fund	%
Equity Fund	%
Trans Tasman Equity Fund	%
The total must equal 100%	100%

By signing this Application Form you acknowledge that:

- (i) choosing an investment strategy is solely your responsibility and neither Fisher Funds Management Limited (Fisher Funds) or the Supervisor of LifeSaver is to be regarded as representing or implying that any particular investment strategy is appropriate for your personal circumstances;
- (ii) the product disclosure statement does not give financial advice and if you are unsure about choosing an investment strategy you can seek advice from a financial adviser; and
- (iii) you may change your investment strategy at any time.

Identity documents

Your application must be submitted with one of the identity document options set out below.

OPTION 1 — ELECTRONIC IDENTITY VERIFICATION

If you wish to use this option, please complete the section below. Please also be aware that if we are unable to identify you using this method, we will need you to provide certified identity documents.

New Zealand Passport

Passport number

Expiry date

OR

New Zealand Driver licence

Licence number

Version number

Proof of address

Please provide proof of your physical address (not a PO Box number) by sending us an invoice, statement, letter or contract in your name, dated within the last 12 months, from one of the following sources:

- » Utility providers e.g. water, electricity, gas, telecommunications
- » Professional service providers e.g. lawyer, accountant, doctor
- » Major service providers e.g. Sky TV, internet provider, newspaper, insurance
- » Central or local government correspondence e.g. Inland Revenue, benefit statement, rates notice
- » Current employer payslip
- » Bank correspondence or statement
- » Tenancy agreement

— OR —

OPTION 2 — Certified copies of identity documents

One of the following:

- » Passport (pages containing name, date of birth, photograph and signature)
- » New Zealand firearms licence

OR

New Zealand driver licence

Plus one of the following:

- » Full birth certificate
- » Certificate of citizenship
- » SuperGold Card
- » Bank statement from a registered bank dated within the last 12 months
- » Statement from a government agency dated within the last 12 months
- » New Zealand Pension Card

Certifying your identity documents

Your identity documents must be certified by one of the following people:

- | | | |
|---|---------------------|------------------------|
| » Justice of the Peace
(go to justiceofthepeace.org.nz to find one near you) | » Notary Public | » Member of Parliament |
| » Registered Teacher | » Registered Lawyer | » Chartered Accountant |
| | » Registered Doctor | » Police Officer |

Identity documents cannot be certified by the following people:

- | | | |
|--|--------------------------|--|
| » Yourself | » Someone related to you | » A person involved in the transaction e.g. a fellow trustee |
| » Someone who lives at the same address as you | » Your spouse or partner | |

The person certifying your documents must write the following statement on the copies of your documents:

"I certify this to be a true copy of the original document and confirm it represents the identity of (full name)."

The person certifying your documents must include the following details:

- | | |
|-------------------|-----------------------------|
| » Their name | » Their occupation |
| » Their signature | » The date of certification |

Certification must have been carried out within three months of your application. If you wish, you may personally bring your identity documents to the Fisher Funds office and we will copy and verify your documents.

Please do not send in original versions of your identity documents.

Proof of address

Applications must be submitted with proof of address for each person referred to in Section 2. Please provide proof of your physical address (not a PO Box) by sending us an invoice, statement, letter or contract in your name, dated within the last 12 months, from one of the following sources:

- » Utility providers e.g. water, electricity, gas, telecommunications
- » Professional service providers e.g. lawyer, accountant, doctor
- » Major service providers e.g. Sky TV, internet provider, newspaper, insurance
- » Central or local government correspondence e.g. Inland Revenue, benefit statement, rates notice
- » Current employer payslip
- » Bank correspondence or statement
- » Tenancy agreement

Privacy statement

The information you provide to us in this application and which you may provide to us in the future may be used by Fisher Funds Management Limited, the Supervisor and any of their related entities, insurance providers, your financial adviser or the distribution entity through which you joined LifeSaver (if applicable), your Employer and by other service providers to LifeSaver to provide services in relation to your investment and to promote to you other products and services.

In addition, the information you provide both now and in the future, as well as your personal account information, may be used by your financial adviser or the distribution entity through which you joined LifeSaver (if applicable) for the purpose of providing ongoing financial advice and/or services to you.

The information you provide with this application may be used to electronically verify your identity and address (where necessary) and may be disclosed for these purposes to third parties including a government agency.

You have the right to access the information held by us and you may also request that it be corrected.

Investor declaration

- » I have read a copy of the product disclosure statement and my employer supplement in conjunction with each other and agree to be bound by the terms of the Governing Document.
- » I understand that LifeSaver is a vehicle whose principal purpose is to provide retirement benefits and that the value of my investment may rise and fall from time to time.
- » I understand the manner in which fees are deducted from my investment.
- » I acknowledge that neither the Supervisor nor Fisher Funds Management Limited will be liable to me for any loss as a consequence of the investment direction given on this form, or specified by my employer (if applicable), or any later investment direction given in accordance with the Governing Document (and that none of Fisher Funds Management Limited, the Supervisor or any other person guarantees the performance of the fund(s) I select).
- » I confirm that the product disclosure statement was received, and the offer of securities was made to me, in New Zealand.
- » I confirm that the information that I have supplied is correct and that I meet the eligibility criteria for joining LifeSaver as set out on page 4 of the product disclosure statement.
- » I confirm that all of the information I have given in this application is true and correct.
- » I will notify Fisher Funds immediately if there is any change in any information I have given in this application.

Signature of applicant

Date

Employer declaration (to be completed by the employer)

Employers who have established an Employer Scheme within LifeSaver must complete this section.

I acknowledge that the above applicant has received a copy of the LifeSaver product disclosure statement and employer supplement in respect of

before completing this Application Form.

(Employer Scheme name)

In addition, I confirm:

- » That the company has agreed to make contributions at the rate of % (or \$).
- » The investor joined the company on
- » The investor applied to join LifeSaver on
- » The investor is a category investor
- » The verification of the applicant's identity.

I confirm that the directors of have authorised me to sign this acknowledgement.

(Name of employer)

Authorised signatory name

Signature

Date

NZRDA declaration (for members joining the NZRDA Member Superannuation Plan only)

I acknowledge that the applicant is a member of the NZRDA. I confirm that the NZRDA have authorised me to sign this acknowledgement.

Authorised signatory

Date

Adviser details

Did you talk to a financial adviser about this application? Yes No

If you have ticked 'Yes' please provide the adviser's details below (both the applicant and adviser must sign this section):

Adviser name

Fisher Funds Adviser Code

Company name

I acknowledge that my financial adviser can access my personal account information online and by contacting Fisher Funds Management Limited for the purpose of providing financial advice to me:

Signature of Applicant

Date

To be completed by the financial adviser named above.

- » I confirm that I am an authorised financial adviser under the Financial Advisers Act 2008, and therefore that I am a "reporting entity" under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act).
- » I confirm that I have a "business relationship" (as defined in the AML/CFT Act) with the investor named in the investor details section.
- » I confirm that I have conducted the relevant customer due diligence procedures to the standard required by the AML/CFT Act and regulations, I have sighted the original of each document verifying the identity and address of the investor named in the investor details section and I have attached to this form the relevant identity and verification information required under the AML/CFT Act.
- » I consent to conducting the customer due diligence procedures for Fisher Funds Management Limited and to providing all relevant information to Fisher Funds Management Limited for the purposes of the AML/CFT Act

Signature of Adviser

Date

How to calculate your Prescribed Investor Rate (PIR)

