HEARTLAND CASH AND TERM PIE FUND

INDIVIDUALS



All accounts and services are provided by Heartland Bank Limited (Heartland Bank).

By completing and signing this application form, you acknowledge that you have received and read:

· Heartland Bank Limited's current Account and Service General Terms and Conditions; and

· the Heartland Cash and Term PIE Fund Product Fact Sheet (as applicable);

and agree they will be binding on you.

A copy of these documents and Heartland Bank's latest Disclosure Statement can be obtained from our Investment Team on 0800 85 20 20 or at www.heartland.co.nz.

INDIVIDUAL JOINT CH Please state why you are opening this account and how you intend to fund it	ILD (<16 YEARS) OTHER (please	e specify)		
Existing customer - My customer num	(Overseas residents must provide a physical oper is Occupat			TAX DETAILS
			ate	
First name(of	birth	
Surname	Preferred name	of	buntry birth	or country of tax residency -
If your country of birth, citizenship, residency and tax r Countries you have residency or citizenship	esidency are all NZ please tick and move to the next sectior Countrie tax resic	es you are		NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.
CONTACT DETAILS	If any overs	seas tax residencies, a self-certificati	on form must be completed	0% 10.5% 17.5% 28.0%
Postal address				Non-residents please indicate
Suburb	City or town		Postcode	Additional Tax Identification Number
Physical address (if different from above)				
Suburb	City or town		Postcode	Additional country of
Email address	town			_ tax residency
Please note that, by providing an email address, you const Ph (hm) ()	Ph (wk) (Mob()		- Fax ()
	erseas residents must provide a physical overs	seas address)		TAX DETAILS
Existing customer - My customer num	oer is Occupat	ion		Tax Identification Number
First name(s) in full		ate Birth	
Surname	Preferred name		ountry birth	or country of tax residency
If your country of birth, citizenship, residency and tax r Countries you have residency or citizenship	esidency are all NZ please tick and move to the next section Countrie tax resic	es you are		 NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.
CONTACT DETAILS	If any overs	eas tax residencies, a self-certificati	on form must be completed	0% 10.5% 17.5% 28.0%
Postal address				Non-residents please indicate
Suburb	City or town		Postcode	
Physical address (if different from above)				- Additional Tax Identification Number
Suburb	City or town		Postcode	Additional country of
Email address	· ·			- tax residency
Please note that, by providing an email address, you const Ph (hm) ()	Ph (wk) ()	Mob ()		- Fax ()
INVESTMENT INFORMATION				
I would like to invest \$	at	% p.a. for		Jnits to be held in a Heartland Term
Minimum investment \$1,000.		OPTION 1		Account
			in Units to be held in	a Heartland Cash PIE Account
BANK ACCOUNT DETAILS				
Nominated account for interest payments an	d withdrawals:			
Account name	Bank	Branch	Account	Suffix
				Sunix
Contraction Contractic Con	E OPTIONS (Please tick one box to show	Quarterly	y direct credit (on the last c	lays of March, June, September and December to Account Details section below)
PAYING YOUR INVESTMENT A	MOUNT Please select one of the followin		our investment amount to He and Term PIE Fund: 03 178	
SIGNING RULES				
Anyone to sign by themselves	All signatories must sign At least	must sign (Other (Please specify)	

Note: For clubs, charities and not-for-profit organisations at least 2 signatories must sign.

OPERATOR DETAILS (if different from Primary or Joi	nt Account Holder)		TAX DETAIL	S		
	Date of birth	Date of birth		Tax Identification Number		
Signature			NZ IRD Number			
			or country of tax r			
First name(s) in full	Surname			se indicate your choice of RWT rate below. rovide copy of exemption certificate.		
Physical address			0% 10.5%	5 17.5% 28.0%		
Ph (hm) () Ph (wk) ()	Mob ()	Non-residents ple			
Email address	Occupation			entification Number		
Countries you have	Countries you		Additional country	y of		
residency or citizenship	tax resident in If any overseas tax r	esidencies, a self-certification form must be	completed tax residency			
OPERATOR DETAILS (if different from Primary or Joi	nt Account Holder)		TAX DETAIL	S		
	Date of birth	Date of birth		Tax Identification Number		
Signature			NZ IRD Number			
	<u>^</u>		or country of tax r			
First name(s) in full	Surname			e indicate your choice of RWT rate below. rovide copy of exemption certificate.		
Physical address			0% 10.5%			
Ph (hm) () Ph (wk) ()	Mob ()	Non-residents ple	ease indicate NRWT AIL		
Email address	Occupation					
Countries you have residency or citizenship	Countries you tax resident in		Additional country	/ of		
		esidencies, a self-certification form must be	completed tax residency			
INTERNET BANKING ACCESS Please tick if you would like access to Internet Banking						
HOW DID YOU HEAR ABOUT US?						
Online/digital/social media e.g. interest.co.nz, Facebook	, Google, outdoor advertising (please specify)				
Radio		Newspaper (please	specify)			
Word of mouth		Branch				
Club or event (please specify)		Other (please speci	ify)			
FURTHER INFORMATION If you have any additional						
	a comments or further informatio	n piease add nere.				
PRIVACY In this declaration, "Heartland", "we" or "uperson completing this application and each other per our Privacy Statement, and we may not be able to pro this application and any future application for produc comply with legal and regulatory requirements (e.g. including those of selected third parties, generally to a we can provide information about you to, and obtain in service providers, other financial and insurance institu verification, and any other purposes relevant to those other appropriate persons. We may also exchange information about you. You have rights to acc	son named in this applicatio vide you with products or se is or services which involves dentity verification requiren levelop and run our business formation about you from, o tions, government departme ourposes (those third parties rmation about you (including rs who use their credit report	n. Heartland is collecting info rvices if you do not provide t s you. We can also use it to a hents and tax reporting), to p s, and as otherwise described other organisations or people ints, your employer or accour s may retain information and i g default information) with cre ting services. You can request	rmation about you in accordant hat information. That informatic idminister and monitor product provide you with information a lin our Privacy Statement. You we consider appropriate. Those ntant, third parties for the purp use it for identity verification ar edit reporting agencies on an or the full details of every organis	ce with the Privacy Act 2003 and on may be used by us to consider ts or services provided to you, to bout other products or services agree that - for those purposes - e organisations might include our oses of fraud prevention, identity af fraud detection purposes), and ngoing basis. Those agencies may		
By proceeding, you confirm that: • each person named in this application form has read • all information provided to us is correct, complete ar • none of those people is an un-discharged bankrupt.		ve;				
SIGNED BY THE ACCOUNT HOLDER OR OF	N BEHALF OF	SIGNED BY THE AC	COUNT HOLDER OR ON	BEHALF OF		
Name		Name				
Cippotium	Data	Clanatura		Data		
Signature	Date	Signature		Date		
BANK USE ONLY: OPENED BY:		VERIFIED BY:				
	ORIGINATOR:					
SELF-CERTIFICATION FORM COMPLETED (IF APPL	CABLE)					

ACCOUNT NUMBER

COST CENTRE:

ACCOUNT NUMBER

ACCOUNT MANAGER: