HEARTLAND ACCOUNT APPLICATION

INDIVIDUALS

HEARTLAND BANK

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 Term Deposits Fact Sheet and Heartland Savings Account 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** ☐ **CHILD (<16 YEARS)** ☐ **OTHER** (please specify) _____

Please state why you are opening this account and how you intend to fund it

PRIMARY ACCOUNT HOLDER (Overseas residents must provide a physical overseas address)

☐ Existing customer – My customer number is _____ Occupation _____

Salutation _____ First name(s) in full _____ Date of birth _____

Surname _____ Preferred name _____ Country of birth _____

☐ If your country of birth, citizenship, residency and tax residency are all NZ please tick and move to the next section

Countries you have residency or citizenship _____ Countries you are tax resident in _____

If any overseas tax residencies, a self-certification form must be completed

CONTACT DETAILS

Postal address _____

Suburb _____ City or town _____ Postcode _____

Physical address (if different from above) _____

Suburb _____ City or town _____ Postcode _____

Email address _____
Please note that, by providing an email address, you consent to receiving communications in electronic form

Ph (hm) ( ) _____ Ph (wk) ( ) _____ Mob ( ) _____ Fax ( ) _____

TAX DETAILS

Tax Identification Number

NZ IRD Number ☐

or country of tax residency _____

NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.

☐ 10.5% ☐ 17.5% ☐ 30.0% ☐ 33.0%
☐ 28.0% (Company) ☐ Exempt

Non-residents please indicate

☐ NRWT ☐ AIL

Additional Tax Identification Number

Additional country of tax residency _____

JOINT ACCOUNT HOLDER (Overseas residents must provide a physical overseas address)

☐ Existing customer – My customer number is _____ Occupation _____

Salutation _____ First name(s) in full _____ Date of birth _____

Surname _____ Preferred name _____ Country of birth _____

☐ If your country of birth, citizenship, residency and tax residency are all NZ please tick and move to the next section

Countries you have residency or citizenship _____ Countries you are tax resident in _____

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Additional Tax Identification Number

Additional country of tax residency _____

ACCOUNT DETAILS

Account Type: (please tick one)

☐ Heartland Term Deposit ☐ Heartland Savings Optimiser
☐ Heartland Saver ☐ Heartland Business Call Account
☐ Heartland Everyday Account ☐ Heartland Direct Call Account

Amount: $ _____
(No minimum amount except $1,000 for Term Deposit Accounts.)

TERM DEPOSIT DETAILS

Term: _____ ☐ days ☐ months ☐ years **Interest Rate:** _____ % per annum

Interest payment method: ☐ Compounding ☐ Paid to bank account below

Interest payment frequency: ☐ Monthly ☐ Quarterly ☐ On Maturity

OPENING BALANCE Please select one of the following options for transferring your Opening Balance amount to Heartland Bank.

☐ Cheque ☐ Cash ☐ Direct Credit – Heartland: 03-1783-0500515-00 ☐ Direct Debit (Please call us for a Direct Debit form, or go to 'documents and forms' page on www.heartland.co.nz)

☐ Transfer from existing Heartland account: _____

ACCOUNT NOMINATED Nominated account for interest payments and withdrawals:

Account name _____

Bank ☐☐ Branch ☐☐☐☐ Account ☐☐☐☐☐☐☐☐ Suffix ☐☐☐

SIGNING RULES

☐ Anyone to sign by themselves ☐ All signatories must sign ☐ At least _____ must sign ☐ Other (Please specify) _____

OPERATOR DETAILS (if different from Primary or Joint Account Holder)

Salutation | Date of birth

Signature

First name(s) in full | Surname

Physical address

Ph (hm) ( ) | Ph (wk) ( ) | Mob ( )

Email address | Occupation

Countries you have residency or citizenship | Countries you are tax resident in

If any overseas tax residencies, a self-certification form must be completed

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Non-residents please indicate ☐ NRWT ☐ AIL

Additional Tax Identification Number

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Non-residents please indicate ☐ NRWT ☐ AIL

Additional Tax Identification Number

Additional country of tax residency

ACCOUNT SERVICES (Please tick the options you would like)

Cheque book ☐ Large (100 cheques) ☐ Small (50 cheques) ☐ Deposit Book ☐ EFTPOS Card for all signatories ☐ Other (please specify) _____

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 specify)_____

FURTHER INFORMATION If you have any additional comments or further information please add here:

PRIVACY

In this declaration, "Heartland", "we" or "us" means Heartland Bank Limited, and its related entities, successors, assigns, agents and associates, and "you" means the person completing this application and each other person named in this application. Heartland is collecting information about you in accordance with the Privacy Act 2003 and our Privacy Statement, and we may not be able to provide you with products or services if you do not provide that information. That information may be used by us to consider this application and any future application for products or services which involves you. We can also use it to administer and monitor products or services provided to you, to comply with legal and regulatory requirements (e.g. identity verification requirements and tax reporting), to provide you with information about other products or services, including those of selected third parties, generally to develop and run our business, and as otherwise described in our Privacy Statement. You agree that - for those purposes – we can provide information about you to, and obtain information about you from, other organisations or people we consider appropriate. Those organisations might include our service providers, other financial and insurance institutions, government departments, your employer or accountant, third parties for the purposes of fraud prevention, identity verification, and any other purposes relevant to those purposes (those third parties may retain information and use it for identity verification and fraud detection purposes), and other appropriate persons. We may also exchange information about you (including default information) with credit reporting agencies on an ongoing basis. Those agencies may retain that information and provide it to other customers who use their credit reporting services. You can request the full details of every organisation or person to whom we have disclosed information about you. You have rights to access and request correction of your personal information under the Privacy Act 1993.

By proceeding, you confirm that:

- each person named in this application form has read and agrees to the terms above;
- all information provided to us is correct, complete and not misleading; and
- none of those people is an un-discharged bankrupt.

SIGNED BY THE PRIMARY ACCOUNT HOLDER OR ON BEHALF OF

Name

Signature | Date

SIGNED BY THE JOINT ACCOUNT HOLDER OR ON BEHALF OF

Name

Signature | Date

BANK USE ONLY: OPENED BY: _____ VERIFIED BY: _____

CHEQUE/DEPOSIT BOOKS ORDERED ☐ CDD CHECKLIST COMPLETED ☐ EFTPOS CARD/S ORDERED ☐ ORIGINATOR: _____

SELF-CERTIFICATION FORM COMPLETED (IF APPLICABLE) ☐

ACCOUNT NUMBER ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐ ACCOUNT NUMBER ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

ACCOUNT MANAGER: _____ COST CENTRE: _____

INTERNET BANKING LIMIT APPROVED BY: _____ SALES CHANNEL: _____