

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 that these terms and the terms of the Heartland PIE Funds Trust Deed 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.

COMPANY **TRUST** **PARTNERSHIP** **CLUB** **OTHER** (please specify) _____

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

ORGANISATION DETAILS

Existing customer - My customer number is _____ Company number _____

Full legal name _____

Trading name (if different) _____ Annual turnover (gross) _____

Postal address _____

Suburb _____ City or town _____ Postcode _____

Physical address (if different from above) _____

Suburb _____ City or town _____ Postcode _____

Country of Registration/Incorporation _____ Countries the entity is tax resident in _____
If any overseas tax residencies, a self-certification form must be completed

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

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

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.

0% 10.5% 17.5% 28.0%

Non-residents please indicate

NRWT AIL

Additional Tax Identification Number _____

Additional country of tax residency _____

AUTHORISED PERSON - 1

Existing customer - My customer number is _____ Designation e.g. Director, treasurer, chairperson, sole trader, partner _____

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

Surname _____ Occupation _____ 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

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 () _____

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.

0% 10.5% 17.5% 28.0%

Non-residents please indicate

NRWT AIL

Additional Tax Identification Number _____

Additional country of tax residency _____

AUTHORISED PERSON - 2

Existing customer - My customer number is _____ Designation e.g. Director, treasurer, chairperson, sole trader, partner _____

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

Surname _____ Occupation _____ 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

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 () _____

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.

0% 10.5% 17.5% 28.0%

Non-residents please indicate

NRWT AIL

Additional Tax Identification Number _____

Additional country of tax residency _____

If you have more than 2 Authorised People complete a 'Schedule of Additional Authorised People'

INVESTMENT INFORMATIONI would like to invest
Minimum investment \$1,000.\$ at % p.a.for Monthsin Units to be held in a Heartland Term
PIE Account**OPTION 1****OR**
OPTION 2

in Units to be held in a Heartland Cash PIE Account

BANK ACCOUNT DETAILS

Nominated account for interest payments and withdrawals:

Account
name

Bank

Branch

Account

Suffix

TERM PIE ACCOUNT - INCOME OPTIONS (Please tick one box to show how you would like to receive your income) Quarterly compounding

(on the last days of March, June, September, December)

 Quarterly direct credit(on the last days of March, June, September and December to
bank account detailed in the Bank Account Details section below)**PAYING YOUR INVESTMENT AMOUNT** Please select one of the following options for transferring your investment amount to Heartland Cheque (enclosed) Direct Credit - Bank account for Heartland Cash and Term PIE Fund: 03 1783 00500515 01**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.

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 ACCOUNT HOLDER OR ON BEHALF OF

Name

Signature

Date

SIGNED BY THE 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: _____