

HEARTLAND ACCOUNT APPLICATION FORM

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:

- the 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) _____

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

Existing Customer
- My Customer Number is _____ Occupation _____

First name(s) in full

Surname _____ Preferred name _____ Date of Birth _____

List all countries of residency or citizenship _____

CONTACT DETAILS

Physical Address _____

Suburb _____ City or Town _____ Postcode _____

Postal 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

IRD number Primary Depositor
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Please note that if we do not have your IRD number on file, we are required to deduct resident withholding tax (RWT) at 33%.

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%
 Exempt

Non-residents please indicate

NRWT AIL

Are you a US citizen or resident? Yes No

If yes, please enter your TIN

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Fax () _____

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

Existing Customer
- My Customer Number is _____ Occupation _____

First name(s) in full

Surname _____ Preferred name _____ Date of Birth _____

List all countries of residency or citizenship _____

CONTACT DETAILS

Physical Address _____

Suburb _____ City or Town _____ Postcode _____

Postal 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

IRD number Joint Depositor
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Please note that if we do not have your IRD number on file, we are required to deduct resident withholding tax (RWT) at 33%.

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%
 Exempt

Non-residents please indicate

NRWT AIL

Are you a US citizen or resident? Yes No

If yes, please enter your TIN

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Fax () _____

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: 03-1783-050015-00 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)

		Date of Birth
Signature		
First name(s) in full	Surname	
Physical address		
Ph (hm) ()	Ph (wk) ()	Mob ()
Email address		
Occupation		

TAX DETAILS

IRD number of Operator
Please note that if we do not have your IRD number on file, we are required to deduct resident withholding tax (RWT) at 33%.
NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.
<input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 30.0% <input type="checkbox"/> 33.0% <input type="checkbox"/> Exempt
Non-residents please indicate <input type="checkbox"/> NRWT <input type="checkbox"/> AIL
Are you a US citizen or resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please enter your TIN

OPERATOR DETAILS

		Date of Birth
Signature		
First name(s) in full	Surname	
Physical address		
Ph (hm) ()	Ph (wk) ()	Mob ()
Email address		
Occupation		

TAX DETAILS

IRD number of Operator
Please note that if we do not have your IRD number on file, we are required to deduct resident withholding tax (RWT) at 33%.
NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.
<input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 30.0% <input type="checkbox"/> 33.0% <input type="checkbox"/> Exempt
Non-residents please indicate <input type="checkbox"/> NRWT <input type="checkbox"/> AIL
Are you a US citizen or resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please enter your TIN

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 & TELEPHONE BANKING ACCESS

Please tick if you would like access to: Internet Banking Telephone Banking

ACCESS LEVELS

Full Access	Enquiry Only
<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT LIMITS (only specify if different from default limits)

Bill Payment (Default \$2,000)	+	Bill Anyone (Default \$2,000)	+	Bulk Payments (Default \$2,000)	+	Transfer Limit	+	Daily Transaction Limit (covers all payment types)	=	Total Limit
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

Access Levels:

- **Enquiry only** allows each User LIMITED access which enables them to view the Account. The User cannot, however, transact on the Account: it is solely for READ ONLY purposes.
 - **Full access** gives each User FULL ACCESS which enables them to fully operate the Account(s) by Internet Banking. This includes transfers and payments outside your Heartland Account(s).

Payment Limits (Subject to Bank approval)

- **Payment Limits** are the maximum amount of total payments that can be loaded by a User in any one day, and are defaulted to \$2,000 per day for each payment type.

AUTHORISED ACCESS

List here all the Users whom you authorise to access your nominated Account(s) using Internet Banking: (If you are not a current Heartland Bank customer, please complete a signatory request form)

User Name	User Name	User Name
Customer Number	Customer Number	Customer Number
Signature	Signature	Signature

PRIVACY

Information about each person named in this form (Relevant Person) may be collected and held by Heartland Bank Limited, its trading division MARAC, its related entities, successors, assigns, agents and associates (Heartland). That information may be used by Heartland to consider this application for products or services (and any future application involving the Relevant Person). If the information is not provided, Heartland may not be able to provide the requested products or services. The information may also be used by Heartland to develop and run its business, including administering and monitoring products or services provided to the Relevant Person (or any related entity), compliance with legal and regulatory requirements (including identity verification requirements) and providing the Relevant Person with information about other products or services, including those of selected third parties. For the above purposes, the Relevant Person acknowledges that Heartland may provide and obtain information about the Relevant Person to or from other organisations or people Heartland considers appropriate, including its service providers, other financial and insurance institutions, government departments, the Relevant Person's employer/accountant, and other appropriate persons. Heartland may use the services of credit reporting agencies on an ongoing basis for purposes relating to the provision of credit to the Relevant Person (or any related entity), and may exchange information about the Relevant Person with those agencies, including default information. Those agencies may retain that information and provide that information to other customers who use their credit reporting services.

Each Relevant Person may request the full details of every organisation or person to whom Heartland has disclosed information about the Relevant Person. Individuals have rights to access and request correction of their personal information under the Privacy Act 1993. By signing this form each Relevant Person confirms that:

- each person named in this form has read and agrees to the terms above;
- all information provided to Heartland is correct, complete and not misleading; and
- the Relevant Person is not an undischarged bankrupt.

SIGNED BY THE PRIMARY ACCOUNT HOLDER OR ON BEHALF OF

Signature	Date
Name	

SIGNED BY THE JOINT ACCOUNT HOLDER OR ON BEHALF OF

Signature	Date
Name	

BANK USE ONLY:	OPENED BY: _____	VERIFIED BY: _____
CHEQUE/DEPOSIT BOOKS ORDERED <input type="checkbox"/>	CDD CHECKLIST COMPLETED <input type="checkbox"/>	EFTPOS CARD/S ORDERED <input type="checkbox"/>
ACCOUNT NUMBER <input type="text"/>	ACCOUNT NUMBER <input type="text"/>	ORIGINATOR: _____
ACCOUNT MANAGER: _____	COST CENTRE: _____	INTERNET BANKING LIMIT APPROVED BY: _____

IDENTITY REQUIREMENTS LIST – INDIVIDUALS

FOR NON-INDIVIDUALS, SEE REVERSE.

The following identification is required under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009:

PLEASE PROVIDE:

PROOF OF RESIDENTIAL ADDRESS	
ONE ACCEPTABLE PROOF OF RESIDENTIAL ADDRESS LESS THAN 12 MONTHS OLD Note: Sighting or certification is not required	
Utility bill (such as power or landline) or rates bill	Bank account statement
Car registration notification	Non-bank New Zealand financial institution statement
Local council notification	Government issued document
Electoral roll papers	Companies Office records
Residential tenancy agreement	Court document
Terranet	Personal Property Security Register records
White Pages	Rest/Retirement Home Statement/Invoice

AND

IDENTIFICATION
PHOTOCOPY OF BOTH SIDES OF CURRENT NEW ZEALAND PHOTO DRIVER LICENCE OR NEW ZEALAND PASSPORT Note: Sighting or certification is not required
Heartland Bank will complete online verification through Veda and/or NZTA. If the online verification is unsuccessful we will contact you.

OR

ALTERNATIVE FORMS OF IDENTIFICATION Note: Sighting or certification is required
ONE OF
Overseas Passport
New Zealand Firearms Licence
New Zealand Certificate of Identity
New Zealand refugee travel documentation
Emergency travel document
Overseas national ID card
OR
ONE OF
New Zealand Birth Certificate
Certificate of New Zealand Citizenship
Overseas Birth Certificate
Overseas Citizenship Certificate
WITH ONE OF
New Zealand Photo Driver Licence
18+ Card
Valid and current International Driving Permit/Licence

SIGHTED OR CERTIFIED
THESE DOCUMENTS MUST BE SIGHTED BY HEARTLAND STAFF OR CERTIFIED BY:
Justice of the Peace
Registered medical doctor
Police employee
Registered teacher
Lawyer/Solicitor
Notary Public
NZ Honorary Consul
Member of Parliament
Chartered Accountant
Note:
<ul style="list-style-type: none"> The Certifier must NOT be related to the customer, be a spouse or partner of the customer, or live at the same address as the customer, or be a party to the account. Certification must include the name, occupation and signature of the Certifier as well as the date of certification. The Certifier must sight the original documentary identification, and make a statement to the effect that the documents provided are a true copy and represent the identity of the customer. Certification must have been carried out within the three months preceding presentation of the copied documents.

If you do not have the identification documents described above, please contact Heartland Bank on 0800 85 20 20. Please note that we may have to request further information from you in accordance with applicable laws.

FOR INDIVIDUALS, SEE REVERSE.

The following identification is required under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009:

TRUST - PLEASE PROVIDE:

1. Trust Deed and any subsequent amendments and deeds of appointment
2. Identification (listed on the reverse of this document) for:
 - a. Each trustee (when a trustee is a professional trustee, the individual acting on behalf of)
 - b. The settlor (Settlor can be excluded if they have no powers in the trust and are not a trustee or beneficiary)
 - c. Any other person who will operate the account
3. Proof of residential address (listed on the reverse of this document) for:
 - a. The trust itself
 - b. Each trustee
 - c. The settlor (if required)
 - d. Any other person who will operate the account/s
4. Declaration of “source of wealth” - see “Schedule of Trustees” document

Please Note: Further information may be required in which case we will contact you

PRIVATE COMPANY - PLEASE PROVIDE:

1. Identification (listed on the reverse of this document) for:
 - a. Any shareholders with a shareholding of more than 25%
 - b. **OR** where no shareholders have shareholdings of more than 25% - Identify at least three directors (or all directors if there are less than three) or senior management or any other person with effective control
 - c. Any other person who will operate the account
2. Proof of residential address (listed on the reverse of this document) for:
 - a. The company itself
 - b. Any shareholders with a shareholding of more than 25%
 - c. **OR** where no shareholders have shareholdings of more than 25% - Identify at least three directors (or all directors if there are less than three)
 - d. Any other person who will operate the account

Please Note: Further information may be required in which case we will contact you

INCORPORATED/FRIENDLY SOCIETY - PLEASE PROVIDE:

1. Constitutional document or rules for the organisation
2. Complete individual checklist for any person acting on behalf of the customer, recording their authorisation to act
3. Identification (listed on the reverse of this document) for:
 - a. President, Secretary, Treasurer, or current committee or management team
 - b. Any other person who will operate the account
4. Proof of residential address (listed on the reverse of this document) for:
 - a. The organisation
 - b. President, Secretary, Treasurer, or current committee or management team
 - c. Any other person who will operate the account

Please Note: Further information may be required in which case we will contact you

PARTNERSHIP - PLEASE PROVIDE:

1. Partnership Agreement
2. Identification (listed on the reverse of this document) for:
 - a. Each partner
 - b. Any other person who will operate the account
3. Proof of residential address (listed on the reverse of this document) for:
 - a. The partnership itself
 - b. Each partner
 - c. Any other person who will operate the account

Please Note: Further information may be required in which case we will contact you

If you do not have the identification documents described above, please contact Heartland Bank on 0800 85 20 20. Please note that we may have to request further information from you in accordance with applicable laws.