

HEARTLAND ACCOUNT APPLICATION FORM

ORGANISATIONS

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.

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

ORGANISATION DETAILS

Existing customer - My customer number is

Full legal name

Trading name (if different) Company number

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

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%
 28.0% (Company) Exempt

Non-residents please indicate
 NRWT AIL

Is your entity controlled by a US person? Yes No
 If yes, please enter your TIN

Fax ()

AUTHORISED PERSON - 1

Existing customer - My customer number is

First name(s) in full

Surname Occupation Date of birth

List all countries of residency or citizenship Designation
e.g. Director, treasurer, chairperson, sole trader, partner

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

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 28.0% (Company) Exempt

Non-residents please indicate
 NRWT AIL

Is your entity controlled by a US person? Yes No
 If yes, please enter your TIN

Fax ()

AUTHORISED PERSON - 2

Existing customer - My customer number is

First name(s) in full

Surname Occupation Date of birth

List all countries of residency or citizenship Designation
e.g. Director, treasurer, chairperson, sole trader, partner

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 ()

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IRD number

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

Non-residents please indicate
 NRWT AIL

Is your entity controlled by a US person? Yes No
 If yes, please enter your TIN

Fax ()

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

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: <input type="checkbox"/> days <input type="checkbox"/> months <input type="checkbox"/> years	Interest Rate: _____ % per annum
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Interest payment method: <input type="checkbox"/> Compounding <input type="checkbox"/> Paid to bank account below	Interest payment frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> On Maturity
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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 _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Bank	Branch	Account	Suffix

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.

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 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"/> ORIGINATOR: _____
ACCOUNT NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ACCOUNT NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ACCOUNT MANAGER: _____	COST CENTRE: _____
INTERNET BANKING LIMIT APPROVED BY: _____	SALES CHANNEL: _____

ACCEPTABLE FORMS OF IDENTIFICATION AND ADDRESS VERIFICATION

Please provide proof of identification **and** address verification with your completed application. Please see below for acceptable forms. Please choose one of the **identification** sets below. New customers will require one of these forms to open new accounts.

ONE FORM OF ID REQUIRED

- New Zealand Passport
- New Zealand Certificate of Identity
- New Zealand Refugee Travel documentation
- Emergency travel document
- New Zealand Firearms licence
- Overseas Passport
- National ID Card

Heartland Bank may complete online verification of a NZ Passport if required. If the online verification is unsuccessful, we will contact you.

OR

ONE FORM OF PRIMARY NON-PHOTO ID

- New Zealand full birth certificate
- Certificate of New Zealand citizenship
- Overseas citizenship certificate
- Overseas birth certificate

AND

One form of secondary photo ID:

- New Zealand driver licence
- 18+ Card
- Valid and current international driving permit/licence

OR

NEW ZEALAND DRIVER LICENCE

AND

One of:

- Credit Card/Debit Card/EFTPOS Card from a New Zealand registered bank
- SuperGold Card
- Community Services Card
- NZ Bank statement issued within the last 12 months
- Government statement issued within the last 12 months
- New Zealand full birth certificate

OR

Heartland Bank will complete online verification through Veda and/or NZTA. If the online verification is unsuccessful, we will contact you.

SIGHTED OR CERTIFIED

THE ABOVE DOCUMENTS MUST BE SIGHTED BY HEARTLAND BANK STAFF/AUTHORISED AGENT OR CERTIFIED BY ONE OF THE FOLLOWING:

- Justice of the Peace
- Registered medical doctor
- Police employee (Constable or above)
- Registered Teacher
- Lawyer/Solicitor
- Notary Public
- NZ Honorary Consul
- Member of Parliament
- Chartered Accountant

Note:

- 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.

Please choose one of the acceptable forms of **address verification** below. All forms must be from within the last twelve months. New customers will require one of these forms to open new accounts.

PROOF OF RESIDENTIAL ADDRESS

ONE ACCEPTABLE PROOF OF RESIDENTIAL ADDRESS LESS THAN 12 MONTHS OLD

Note: Sighting or certification is not required

- Utility bill or rates bill (includes Sky TV or mobile phone bill)
- Car registration notification
- Local council notification
- Electoral roll papers
- Residential tenancy agreement
- Electronic Yellow Pages
- Electronic White Pages
- Bank account statement or Bank correspondence
- Non-bank New Zealand financial institution statement or correspondence
- Government issued document
- Companies Office records
- Court document
- Rest/Retirement Home statement or correspondence

For a Company/Partnership/Trust we require:

- A Certificate of Incorporation/Partnership Agreement/Trust Deed AND
- Personal identification for each director, each trustee, each partner, each shareholder with more than 25% holding and any person who can act on behalf of the customer as for Individual Applicant AND
- in relation to Trusts, evidence of source of funds/wealth

For Trading Name/Partnership (without Partnership Agreement) Partnerships existence must be confirmed by either a set of financial accounts, bank statement or IRD confirmation

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.