

HEARTLAND SCHEDULE OF ADDITIONAL AUTHORISED PEOPLE

(TO BE USED IN CONJUNCTION WITH AN ACCOUNT APPLICATION FORM)

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.

AUTHORISED PERSON - 3

Existing Customer - My Customer Number is

Mr/Mrs/Miss/Ms/other (please circle or specify) 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 ()

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%

Exempt

Non-residents please indicate NRWT AIL

Are you a US citizen or resident? Yes No
If yes, please enter your TIN

Fax ()

AUTHORISED PERSON - 4

Existing Customer - My Customer Number is

Mr/Mrs/Miss/Ms/other (please circle or specify) First name(s) in full

Surname Occupation Date of Birth / /

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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 ()

INTERNET & TELEPHONE BANKING ACCESS

List here all the Account(s) that you would like to nominate for: Internet Banking Telephone Banking

ONLINE ACCOUNTS

User account number/s

ACCESS LEVELS PAYMENT LIMITS (only specify if different from system default limits)

User account number/s	ACCESS LEVELS		PAYMENT LIMITS (only specify if different from system default limits)					
	Full Access	Enquiry Only	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="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Application Form (Relevant Person) may be collected and held by Heartland Bank Limited, its related entities, successors, assigns, agents and associates (Heartland Group). That information may be used by Heartland Group to consider this application for products or services (and any future application involving the Relevant Person). If the information is not provided, Heartland Group may not be able to provide the requested products or services. The information may also be used by Heartland Group to develop and run its business, including administering and monitoring products or services provided to the Relevant Person (or any related entity), and providing the Relevant Person with information about other products or services, including those of selected third parties. For the above purposes, Heartland Group may provide and obtain information about the Relevant Person to or from other organisations or people Heartland Group considers appropriate, including its service providers, other financial and insurance institutions, government departments, the Relevant Person's employer/accountant, and other Relevant Persons. Heartland Group 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 Group has disclosed information about the Relevant Person. Individuals have rights to access and request correction of their personal information under the Privacy Act 1993. Each Relevant Person confirms that each person named in this Application Form has agreed to the terms above and all information provided to Heartland Bank is correct, complete and not misleading.

SIGNED BY THE ACCOUNT HOLDER OR ON BEHALF OF

Signature	Date / /
Name	

SIGNED BY THE 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: _____