

HEARTLAND ACCOUNT APPLICATION

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 read the relevant terms and conditions on www.heartland.co.nz, including

- 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 _____

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 () _____

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 _____

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

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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 _____

ACCOUNT DETAILS

Account Type: (please tick one)

<input type="checkbox"/> Heartland Term Deposit	<input type="checkbox"/> Heartland Savings Optimiser
<input type="checkbox"/> Heartland Saver	<input type="checkbox"/> Heartland Business Call Account
<input type="checkbox"/> Heartland Everyday Account	<input type="checkbox"/> 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 www.heartland.co.nz to obtain a form)

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) _____

