

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

Postal address _____

Suburb _____ City or town _____ Postcode _____

Physical address (if different from above) _____

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Tax details

Tax Identification Number _____

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NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.

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28.0% (Company) Exempt

Non-residents please indicate

NRWT AIL

Additional Tax Identification Number _____

Additional country of tax residency _____

Account details

Account Type: <small>(please tick one)</small>	<input type="checkbox"/> Heartland Term Deposit	<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.

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) _____

