

HEARTLAND CASH AND TERM PIE FUND

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:

- Heartland Bank Limited's current Account and Service General Terms and Conditions; and
- the Heartland Cash and Term PIE Fund Product 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 _____

Please note this is a Mandatory field and you are required to provide your IRD number within six weeks of opening the account in order to retain your investment.

NZ IRD Number or country of tax residency _____

Please indicate your prescribed Investor Rate (PIR) below.
 0% 10.5% 17.5% 28.0%

Additional Tax Identification Number _____

Please note for non-residents: We are required to deduct PIE tax at the default rate of 28%.

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) _____

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 _____

Please note this is a Mandatory field and you are required to provide your IRD number within six weeks of opening the account in order to retain your investment.

NZ IRD Number or country of tax residency _____

For joint account holders, we will use the higher of the two PIRs given below. If you are unsure how to determine your PIR you can determine this at the IRD website www.ird.govt.nz

Please indicate your prescribed Investor Rate (PIR) below.
 0% 10.5% 17.5% 28.0%

Additional Tax Identification Number _____

Please note for non-residents: We are required to deduct PIE tax at the default rate of 28%.

Additional country of tax residency _____

INVESTMENT INFORMATION

I would like to invest \$ _____ at _____ % p.a. for _____ Months in Units to be held in a Heartland Term PIE Account
Minimum investment \$1,000.

OR
 in Units to be held in a Heartland Cash PIE Account

BANK ACCOUNT DETAILS

Nominated account for interest payments and withdrawals:

Account name _____ Bank Branch Account Suffix

TERM PIE ACCOUNT - INCOME OPTIONS (Please tick one box to show how you would like to receive your income)

Quarterly compounding (on the last days of March, June, September, December) Quarterly direct credit (on the last days of March, June, September and December to bank account detailed in the Bank Account Details section below)

PAYING YOUR INVESTMENT AMOUNT Please select one of the following options for transferring your investment amount to Heartland

Cheque (enclosed) Direct Credit - Bank account for Heartland Cash and Term PIE Fund:03 1783 0500515 01

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.

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 _____

Countries you have residency or citizenship _____ Countries you are tax resident in _____

If any overseas tax residencies, a self-certification form must be completed

TAX DETAILS

Tax Identification Number _____

NZ IRD Number _____ or country of tax residency _____

Additional Tax Identification Number _____

Additional country of tax residency _____

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 _____

Countries you have residency or citizenship _____ Countries you are tax resident in _____

If any overseas tax residencies, a self-certification form must be completed

TAX DETAILS

Tax Identification Number _____

NZ IRD Number _____ or country of tax residency _____

Additional Tax Identification Number _____

Additional country of tax residency _____

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 In this declaration, "Heartland", "we" or "us" means Heartland Bank Limited, and its related entities, successors, assigns, agents and associates, and "you" means the person completing this application and each other person named in this application. Heartland is collecting information about you in accordance with the Privacy Act 2003 and our Privacy Statement, and we may not be able to provide you with products or services if you do not provide that information. That information may be used by us to consider this application and any future application for products or services which involves you. We can also use it to administer and monitor products or services provided to you, to comply with legal and regulatory requirements (e.g. identity verification requirements and tax reporting), to provide you with information about other products or services, including those of selected third parties, generally to develop and run our business, and as otherwise described in our Privacy Statement. You agree that - for those purposes - we can provide information about you to, and obtain information about you from, other organisations or people we consider appropriate. Those organisations might include our service providers, other financial and insurance institutions, government departments, your employer or accountant, third parties for the purposes of fraud prevention, identity verification, and any other purposes relevant to those purposes (those third parties may retain information and use it for identity verification and fraud detection purposes), and other appropriate persons. We may also exchange information about you (including default information) with credit reporting agencies on an ongoing basis. Those agencies may retain that information and provide it to other customers who use their credit reporting services. You can request the full details of every organisation or person to whom we have disclosed information about you. You have rights to access and request correction of your personal information under the Privacy Act 1993.

By proceeding, you confirm that:

- each person named in this application form has read and agrees to the terms above;
- all information provided to us is correct, complete and not misleading; and
- none of those people is an un-discharged bankrupt.

SIGNED BY THE ACCOUNT HOLDER OR ON BEHALF OF

Name _____

Signature _____ Date _____

SIGNED BY THE ACCOUNT HOLDER OR ON BEHALF OF

Name _____

Signature _____ Date _____

BANK USE ONLY: OPENED BY: _____

CDD CHECKLIST COMPLETED

SELF-CERTIFICATION FORM COMPLETED (IF APPLICABLE)

ACCOUNT NUMBER

ACCOUNT MANAGER: _____

VERIFIED BY: _____

ORIGINATOR: _____

ACCOUNT NUMBER

COST CENTRE: _____