

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 that these terms and the terms of the Heartland PIE Funds Trust Deed 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](http://www.heartland.co.nz).

**COMPANY**  **TRUST**  **PARTNERSHIP**  **CLUB**  **OTHER** (please specify) \_\_\_\_\_

Please state why you are opening this account and how you intend to fund it

## ORGANISATION DETAILS

Existing customer – My customer number is \_\_\_\_\_

Company number

Full legal name

Trading name (if different)

Annual turnover (gross)

Postal address

Suburb

City or town

Postcode

Physical address (if different from above)

Suburb

City or town

Postcode

Country of Registration/ Incorporation

Countries the entity is tax resident in

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

Email address

Please note that, by providing an email address, you consent to receiving communications in electronic form

Ph (hm) ( )

Ph (wk) ( )

Mob ( )

Fax ( )

## 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

## AUTHORISED PERSON – 1

Existing customer – My customer number is \_\_\_\_\_

Designation

e.g. Director, treasurer, chairperson, sole trader, partner

First name(s) in full

Date of birth

Surname

Occupation

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

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

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## TAX DETAILS

Tax Identification Number

NZ IRD Number

or country of tax residency

Additional Tax Identification Number

Additional country of tax residency

## AUTHORISED PERSON – 2

Existing customer – My customer number is \_\_\_\_\_

Designation

e.g. Director, treasurer, chairperson, sole trader, partner

First name(s) in full

Date of birth

Surname

Occupation

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

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 ( )

Fax ( )

## TAX DETAILS

Tax Identification Number

NZ IRD Number

or country of tax residency

Additional Tax Identification Number

Additional country of tax residency

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

## 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. OPTION 1  
OR  in Units to be held in a Heartland Cash PIE Account OPTION 2

## 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.

## 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: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_  
CHEQUE/DEPOSIT BOOKS ORDERED  CDD CHECKLIST COMPLETED  EFTPOS CARD/S ORDERED  ORIGINATOR: \_\_\_\_\_  
SELF-CERTIFICATION FORM COMPLETED (IF APPLICABLE)   
ACCOUNT NUMBER  ACCOUNT NUMBER   
ACCOUNT MANAGER: \_\_\_\_\_ COST CENTRE: \_\_\_\_\_  
INTERNET BANKING LIMIT APPROVED BY: \_\_\_\_\_ SALES CHANNEL: \_\_\_\_\_