

## Lump Sum Contribution Form

If you would like help completing this form, please email [info@generatewealth.co.nz](mailto:info@generatewealth.co.nz) or phone us on 0800 855 322.

Use this form to make a lump sum contribution to your account.

### Details

Name \_\_\_\_\_

Date of Birth 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

  
(if an individual)

IRD No. 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

  
If you don't know your IRD number, please call the IRD on 0800 227 774.

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Generate KiwiSaver Member Number 

|   |   |   |   |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|
| G | E | N | O |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|

or  
Generate Unit Trust Member Number 

|   |   |   |   |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|
| G | M | F | O |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|

### Lump Sum Contribution

My cheque for \$ \_\_\_\_\_ is attached; or

I have deposited \$ \_\_\_\_\_ into the scheme bank account.

|                           |   |                                       |
|---------------------------|---|---------------------------------------|
| <b>FOR KIWISAVER ONLY</b> | Please invest this voluntary contribution |                                       |
|                           | <input type="checkbox"/>                  | as per my current investment election |
|                           | <input type="checkbox"/>                  | as per the following:                 |
|                           | <input type="checkbox"/>                  | Focused Growth _____ %                |
|                           | <input type="checkbox"/>                  | Growth _____ %                        |
| <input type="checkbox"/>  | Conservative _____ %                      |                                       |
|                           | Total (must add to 100%)                  | 100%                                  |

### AML / CFT Requirements

Due to the requirements of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we need to obtain information about the source of your funds and/or wealth before we can accept this contribution. If you do not work, please state your position, e.g. retired, student.

Occupation \_\_\_\_\_

Please indicate below which income bracket applies to you.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Under \$30,000      | <input type="checkbox"/> \$30,000 – \$40,000 | <input type="checkbox"/> \$40,000 – \$50,000 | <input type="checkbox"/> \$50,000 – \$60,000 |
| <input type="checkbox"/> \$60,000 – \$70,000 | <input type="checkbox"/> \$70,000 – \$80,000 | <input type="checkbox"/> \$80,000 – \$90,000 | <input type="checkbox"/> \$90,000 or more    |

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### Other Requirements (continued)

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Please indicate below how you acquired the money you are investing and attach evidence of the source of funds.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Compensation payment                 | <input type="checkbox"/> Money from existing Trust | <input type="checkbox"/> Savings               |
| <input type="checkbox"/> Inheritance                          | <input type="checkbox"/> Divorce settlement        | <input type="checkbox"/> Gift                  |
| <input type="checkbox"/> Salary/bonus                         | <input type="checkbox"/> Lottery/betting win       | <input type="checkbox"/> Policy claim/maturity |
| <input type="checkbox"/> Sale of company                      | <input type="checkbox"/> Sale of investments       | <input type="checkbox"/> Sale of property      |
| <input type="checkbox"/> Other (please provide details below) |  |  |
- 
- 
- 
- 

### Acknowledgement

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I understand that this voluntary contribution to my Member's Account balance will be:

- invested in the investment option(s) I have selected (if applicable); and
- the contributions will be implemented as soon as practicable after receiving this completed form.

Signature

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Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

### Checklist

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I have

- Completed all sections of the form
- Provided proof detailing source of funds / wealth

**Please send the completed form and supporting documentation to:**

Generate Investment Management Limited  
PO Box 91609  
Victoria Street West  
Auckland 1142  
[info@generatewealth.co.nz](mailto:info@generatewealth.co.nz)

**Should you have any questions or require any help in completing this form, please call us on 0800 855 322.**

The information in this form is being collected for the purposes of effectively managing your investment and it will be held by Generate Investment Management Limited. It may be disclosed to third parties to the extent that it is necessary to administer your application and any withdrawal from the Scheme.

You can ask to see the personal information that Generate holds about you by calling us on 0800 855 322.