

Trust / Deceased Estate Application Form

This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone **0800 855 322**.

Note: For Trusts & Deceased Estates account applications there is a minimum initial investment of \$25,000 per account, at Manager's discretion.

Type of Entity

Please select the appropriate box which describes your Entity.

Discretionary Trust (Family Trust) Non-Discretionary Trust Deceased Estate Charitable Trust

– Please note, if the entity is a Discretionary Trust or Non-Discretionary Trust you will need to provide full name and date of birth for all named beneficiaries as they appear in the trust deed, along with your application.

Investing Entity Details (Please write in capital letters)

Name of the Trust / Deceased Estate (please list names of Trustees, Directors etc on pages 5-8)

Country of Incorporation of the Trust New Zealand Other (specify) _____

Is the Trust / Deceased Estate registered under the Charitable Trusts Act 1957 or the Charities Act 2005?

No Yes (Registration number to be provided) _____

If the Trust is a Discretionary Trust, Non-discretionary Trust or a Charitable Trust please provide the purpose of the Trust

Email (This will be used as a method of primary communication)

Phone

Physical / Registered Address

Suburb _____ City _____

Country _____ Postcode _____

Postal Address (if different from physical address)

Suburb _____ City _____

Country _____ Postcode _____

Entity Tax Details

Is the entity a tax resident in New Zealand? Yes No

IRD No.*

If you don't know your IRD number go to www.ird.govt.nz/tasks/find-my-ird-number or contact IRD on 0800 227 774

* For New Zealand tax residents, Generate requires a valid IRD number to establish the account.

Prescribed Investor Rate ('PIR')

0% 10.5%* 17.5% 28%

* For trusts, a PIR of 10.5% can only be selected for a testamentary trust.

To determine your PIR you can go to www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate or contact the IRD on 0800 227 774. If you are unsure of your PIR we recommend you seek professional advice. If a PIR is not selected a 28% PIR will apply.

For a full list of definitions see page 16 at the end of this document.

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Entity Foreign Tax Residency Details (Please write in capital letters)

International tax compliance regulations have been introduced to protect the integrity of tax systems around the world. These require Generate, along with other Financial Institutions, to collect information about their clients' foreign tax residency. Further information about the Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standard ('CRS') is available from Inland Revenue, www.ird.govt.nz/international-tax/exchange-of-information.

If you need tax advice, please contact a qualified tax professional.

1. Is the entity a tax resident of another country (other than New Zealand)? Yes No

If you answered 'Yes' please list all countries below and provide the Tax Identification Number ('TIN') for each country.

| Country of Tax Residence | TIN (or reason why TIN was unable to be obtained, see list) |
|--------------------------|-------------------------------------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Reason for not supplying TIN

- Country doesn't issue TIN
- Country doesn't require TIN collection
- Cannot obtain TIN

Are you required to apply the Foreign Investment Fund Fair Dividend Rate rules on your overseas investments? Yes No

Non-Resident Withholding Tax applicable Yes No

Approved Issuer Levy applicable? Yes No

2. Is the entity a Managed Investment Entity of a Non Participating CRS Country?

Yes – please continue to question 3

No – please continue to page 3

3. Is the entity a Financial Institution for FATCA or CRS purposes?

The term Financial Institution as defined by FATCA and CRS includes custodial institutions, depository institutions, investment entities or specified insurance companies. A family trust is likely to be a Financial Institution if 50% or more of the trust's income is from financial assets and is managed by another Financial Institution.

Yes – please choose an option which best describes the Financial Institution's FATCA status and then continue to Question 5

Deemed Compliant Foreign Financial Institution

Partner Jurisdiction Financial Institution

Exempt Beneficial Owner

New Zealand Financial Institution

Participating Foreign Financial Institution

GIIN if applicable

No – please continue to Question 4 below

4. If it is a Non-Financial entity under FATCA, then what is the primary source of income as per FATCA?

Active NFE – please continue to the Director / Trustee / Executor Details section on page 5

Passive NFE – please continue to Question 5 below

5. Does the entity have any Controlling Persons who are a foreign tax resident or a United States (US) citizen?

Controlling Person means any individual who can exercise control over the investing entity or any other natural person exercising or having the ability to exercise control (including through an intermediary, or a chain of control or ownership). For example, any individual who owns, directly or indirectly, more than 25% of a company's share capital or the trustee, beneficiary, appointer or settlor of a trust.

Yes – please provide the name and details for each Controlling Person. If the individual is a Director / Trustee / Executor, this should be provided on pages 5-8, otherwise please complete their details on page 9

No – please continue to the Director / Trustee / Executor Details section on page 5

6. Politically Exposed Persons

Is any Trustee / Director or Beneficiary either:

- an individual who holds, or has held at any time in the preceding 12 months, a prominent public function in any country (other than New Zealand); or
- an immediate family member of a person referred to above, including a spouse, partner, child, child's spouse/partner or a parent.

Yes No

If 'Yes', please provide details of the public function held and the country:

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Managed Fund selection

You may choose to invest in one fund or you can choose to invest a percentage in two or three funds. Please see section 3 of the Product Disclosure Statement for more details.

| | |
|-----------------------------------------|---------|
| <input type="checkbox"/> Focused Growth | _____ % |
| <input type="checkbox"/> Balanced | _____ % |
| <input type="checkbox"/> Conservative | _____ % |
| Total (must add to 100%) | 100% |

Investment Details (Please write in capital letters)

Source of Funds/Wealth

Please tell us the original source of the funds you are investing with us. You may need to supply proof of the source of funds such as sale and purchase agreement, payslips, legal documentation.

Inheritance Property sale Asset/Business sale Personal income Accumulated savings Deceased Estate Other

Please provide further details and certified verification of the source of funds. For example, XYZ Ltd sold for \$500,000 on 01/01/2018.

Primary purpose of investment:

Returns on investment Diversification of current portfolio

Other (please specify) _____

How do you intend to transact on this account? (Please select all that apply).

Deposits: Lump Sum (one off) \$ _____
 Regular** \$ _____ Frequency: Weekly Fortnightly Monthly

Withdrawals: Lump Sum (one off) Regular Now and then

Note: The minimum **Initial** Investment amount is \$25,000* and the minimum **Regular** Investment amount is \$100*.

* At Manager's discretion. ** For regular investment contributions we will contact you to set up a direct debit payment schedule.

Payment Details and Process

Please note your account must be established with Generate before we can accept any funds for investment.

Once your account has been setup we will contact you with the appropriate bank account details and references for you to make a direct credit payment from your specified bank account provided below.

Bank Account Details

Please provide us with a New Zealand bank account and proof of these details.

Account Holder Name (in the same name as your Generate Managed Funds account)

Account Number

Bank _____ Branch _____

Proof of bank account

Please provide proof of your bank account name and number by supplying any one of the following:

- a pre-coded deposit slip
- a copy of a bank statement dated within the last 12 months
- an over-the-counter printed receipt with a tellers stamp
- an online bank account statement with the name of the bank in the header/footer
- Bank correspondence with the account name and account number, dated within the last 12 months

Trust / Deceased Estate Application Form

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This part should only be filled out if a Trustee of the Trust is a Trustee Company

Company as a Trustee (Please write in capital letters)

Trustee Company Name

Trustee Company Number

Email (important)

Phone

Physical Address / Registered Company Address

Suburb

City

Country

Postcode

Postal Address (if different from physical address)

Suburb

City

Country

Postcode

Principal place of business

Suburb

City

Country

Postcode

Any (number) of the below named Director(s) may act on behalf of the Trustee Company named above:

Director Name

Director Name

In addition to all Trustees, a minimum of two directors of the Trustee Company must sign the Agreement on page 13. Signatures of other directors will be required if they need to be authorised on the account.

Generate Managed Funds

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Director / Trustee / Executor 1 Details (Please write in capital letters)

Position: Settlor Trustee Director of Trustee Company Executors of deceased estate

Title _____ First Name _____ Middle Name _____

Surname _____ Preferred First Name _____

Date of Birth

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

Mobile _____ Daytime Phone _____

Email (important) _____

Residential Address _____

Postal Address _____

Suburb _____ City _____ Postcode _____

NZ Tax Residency

Are you a tax resident of New Zealand? Yes No

IRD No.*

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

If you don't know your IRD number go to www.ird.govt.nz/tasks/find-my-ird-number or contact IRD on 0800 227 774

* For New Zealand tax residents, Generate requires a valid IRD number to establish the account.

Foreign Tax Residency

Are you a US citizen or US tax resident? Yes No

Are you a tax resident in any other country (other than the US or NZ)? Yes No

If you answered 'Yes' to either of the above questions please list all countries below and provide the Tax Identification Number ('TIN') for each country.

Country of Tax Residence _____ **TIN (or reason why TIN was unable to be obtained, see list)** _____

| Country of Tax Residence | TIN (or reason why TIN was unable to be obtained, see list) | Reason for not supplying TIN |
|--------------------------|-------------------------------------------------------------|-------------------------------------------------|
| _____ | _____ | 1 Country doesn't issue TIN |
| _____ | _____ | 2 Country doesn't require TIN collection |
| _____ | _____ | 3 Cannot obtain TIN |

For further information on your personal tax residency status please see <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency> or speak to a tax adviser.

Investor Identification

If you agree to Electronic Identity Verification please tick the box below. If you do not agree please follow the instructions on page 16.

Electronic Identity Verification and Proof of Address

Generate can confirm the identity and/or New Zealand and Australia address of many of our clients electronically, with their permission. Please note that we use an external third party system not owned by Generate to conduct identity checks in this way.

I confirm that I give Generate authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current signed NZ Passport (preferred) or NZ Driver Licence (front & back)

Please note, if we are unable to identify you using this method, we will contact you to provide physical documents as per page 16.

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Director / Trustee / Executor 2 Details (Please write in capital letters)

Position: Settlor Trustee Director of Trustee Company Executors of deceased estate

Title _____ First Name _____ Middle Name _____

Surname _____ Preferred First Name _____

Date of Birth

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

Mobile _____ Daytime Phone _____

Email (important) _____

Residential Address _____

Postal Address _____

Suburb _____ City _____ Postcode _____

NZ Tax Residency

Are you a tax resident of New Zealand? Yes No

IRD No.*

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

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Director / Trustee / Executor 3 Details (Please write in capital letters)

Position: Settlor Trustee Director of Trustee Company Executors of deceased estate

Title _____ First Name _____ Middle Name _____

Surname _____ Preferred First Name _____

Date of Birth

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

Mobile _____ Daytime Phone _____

Email (important) _____

Residential Address _____

Postal Address _____

Suburb _____ City _____ Postcode _____

NZ Tax Residency

Are you a tax resident of New Zealand? Yes No

IRD No.*

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

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Director / Trustee / Executor 4 Details (Please write in capital letters)

Position: Settlor Trustee Director of Trustee Company Executors of deceased estate

Title First Name Middle Name

Surname Preferred First Name

Date of Birth

Mobile Daytime Phone

Email (important)

Residential Address

Postal Address

Suburb City Postcode

NZ Tax Residency

Are you a tax resident of New Zealand? Yes No

IRD No.*

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If you answered 'Yes' to either of the above questions please list all countries below and provide the Tax Identification Number ('TIN') for each country.

Country of Tax Residence **TIN (or reason why TIN was unable to be obtained, see list)**

| | | |
|----------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="text"/> | <input type="text"/> | Reason for not supplying TIN 1 Country doesn't issue TIN 2 Country doesn't require TIN collection 3 Cannot obtain TIN |
| <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | |

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Controlling Person

If you answered 'Yes' to Question 5 on page 2, please complete the name and details for each Controlling Person.

If the individual is a Director / Partner and has already provided their information on pages 5-8, you do not need to include them in this section.

Controlling Person 1 (Please write in capital letters)

Title _____ First Name _____ Middle Name _____ Surname _____

Date of Birth

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

 Role/Relationship to Entity _____

Email (important) _____ Contact Phone _____

Residential Address _____

Suburb _____ City _____ Postcode _____

Foreign Tax Residency

Are you a US citizen or US tax resident? Yes No If yes then complete IRD W9 form, available on request or online at the IRS website

Are you a tax resident in any other country (other than the US or NZ)? Yes No

If you answered 'Yes' to either of the above questions please list all countries below and provide the Tax Identification Number ('TIN') for each country.

Country of Tax Residence _____ TIN (or reason why TIN was unable to be obtained, see list) _____

| | | |
|-------|-------|-------------------------------------------------|
| _____ | _____ | Reason for not supplying TIN |
| _____ | _____ | 1 Country doesn't issue TIN |
| _____ | _____ | 2 Country doesn't require TIN collection |
| _____ | _____ | 3 Cannot obtain TIN |

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Controlling Person 2 (Please write in capital letters)

Title _____ First Name _____ Middle Name _____ Surname _____

Date of Birth

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

 Role/Relationship to Entity _____

Email (important) _____ Contact Phone _____

Residential Address _____

Suburb _____ City _____ Postcode _____

Foreign Tax Residency

Are you a US citizen or US tax resident? Yes No If yes then complete IRD W9 form, available on request or online at the IRS website

Are you a tax resident in any other country (other than the US or NZ)? Yes No

If you answered 'Yes' to either of the above questions please list all countries below and provide the Tax Identification Number ('TIN') for each country.

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| | | |
|-------|-------|-------------------------------------------------|
| _____ | _____ | Reason for not supplying TIN |
| _____ | _____ | 1 Country doesn't issue TIN |
| _____ | _____ | 2 Country doesn't require TIN collection |
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Authority to Act (Please write in capital letters)

Complete this section to give authority to act on behalf of the applicant.

We the Trustees:

1. Confirm that we are all the current and validly appointed Trustees of the Trust
2. Confirm that we have decided to invest in Generate Managed Funds from time to time
3. Authorise that the following named Trustees (acting jointly where more than one name is given)

Name _____

Name _____

Name _____

Name _____

may, until further written notice to the contrary, instruct Generate on behalf of all of the Trustees to:

- a) reallocate any or all amounts invested between Funds in the name of the Trust
- b) withdraw any or all amounts from any Fund(s) provided that such amounts are payable to the Trust
- c) deposit any further amounts into any Fund(s) in the name of the Trust

4. Ratify the actions of the above authorised Trustees so acting
5. Indemnify Generate in respect of any liability incurred by Generate in acting in reliance upon this Authority to Act.

Please note, you must immediately notify Generate of any changes to the Trustees of the Trust.

This Authority to Act will then be revoked and, if required, a new Authority to Act will need to be completed. All Trustees (and if a Trustee Company is involved, a minimum of two Directors) must sign the Agreement

Signature of Trustee / Director 1

_____ Date Signed _____

Signature of Trustee / Director 2

_____ Date Signed _____

Signature of Trustee / Director 3

_____ Date Signed _____

Signature of Trustee / Director 4

_____ Date Signed _____

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Beneficiaries of the Trust Deed **(Please write in capital letters)**

Please list the full name and date of birth of any named beneficiaries on the trust deed below:

Beneficiary 1

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Beneficiary 2

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Beneficiary 3

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Beneficiary 4

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Beneficiary 5

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Beneficiary 6

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

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Beneficiaries of the Trust Deed **(Please write in capital letters)**

Please list the full name and date of birth of any named beneficiaries on the trust deed below:

Beneficiary 7

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Beneficiary 8

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Beneficiary 9

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Beneficiary 10

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Beneficiary 11

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Beneficiary 12

| | | |
|---------|----------------------|----------------------|
| Title | First Name | Middle Name |
| Surname | Date of Birth | |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Trust / Deceased Estate Application Form

This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone **0800 855 322**.

Identity and Proof of Address Documents (Non Electronic Identity Verification)

If you have opted not to use Electronic Identity Verification please provide the following documentation

If you did not pass the Electronic Identification Verification check then we will be in contact with you as you will need to provide the following documentation.

Please provide a certified photocopy of each document:

- The documents can be verified by a Generate employee or certified by a Trusted Referee as described below.
- These documents cannot be scanned to us (we need the copy that has been physically certified).
- **Please do not send in original versions of your identity documents.**

| OPTION 1 | OPTION 2 | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|--|
| <input type="checkbox"/> Passport; or <input type="checkbox"/> New Zealand Firearms Licence. | <input type="checkbox"/> New Zealand Drivers Licence (front and back) In combination with the following: <input type="checkbox"/> Birth certificate; or <input type="checkbox"/> Bank statement, dated within the last 12 months; or <input type="checkbox"/> Government agency letter, dated within the last 12 months (eg. IRD, Work & income, Electoral Commission); or <input type="checkbox"/> Valid credit of debit card with name embossed & signature. | | | | | | | | | | | | |
| <p>Choose one of the acceptable forms of proof of address for applicant's residential address (not a PO Box) by sending us a copy of an invoice, statement, letter or contract in applicant's name, dated within the last 12 months, from one of the following sources:</p> <table><tr><td><input type="checkbox"/> Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider)</td><td></td></tr><tr><td><input type="checkbox"/> Government or local Government agency e.g. IRD, benefits statement, Council notice</td><td></td></tr><tr><td><input type="checkbox"/> NZ Bank correspondence</td><td><input type="checkbox"/> Car registration notification/demand</td></tr><tr><td><input type="checkbox"/> Non-Generate KiwiSaver correspondence</td><td><input type="checkbox"/> Insurance company (car, house, contents)</td></tr></table> <p>If you do not have one of the above forms then please provide a copy of an invoice, statement, letter or contract in applicant's name, dated within the last 3 months, from one of the following sources:</p> <table><tr><td><input type="checkbox"/> Non-bank, non-KiwiSaver financial institution</td><td><input type="checkbox"/> Insurance company (health, life)</td></tr><tr><td><input type="checkbox"/> Rental tenancy agreement</td><td></td></tr></table> | | <input type="checkbox"/> Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider) | | <input type="checkbox"/> Government or local Government agency e.g. IRD, benefits statement, Council notice | | <input type="checkbox"/> NZ Bank correspondence | <input type="checkbox"/> Car registration notification/demand | <input type="checkbox"/> Non-Generate KiwiSaver correspondence | <input type="checkbox"/> Insurance company (car, house, contents) | <input type="checkbox"/> Non-bank, non-KiwiSaver financial institution | <input type="checkbox"/> Insurance company (health, life) | <input type="checkbox"/> Rental tenancy agreement | |
| <input type="checkbox"/> Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider) | | | | | | | | | | | | | |
| <input type="checkbox"/> Government or local Government agency e.g. IRD, benefits statement, Council notice | | | | | | | | | | | | | |
| <input type="checkbox"/> NZ Bank correspondence | <input type="checkbox"/> Car registration notification/demand | | | | | | | | | | | | |
| <input type="checkbox"/> Non-Generate KiwiSaver correspondence | <input type="checkbox"/> Insurance company (car, house, contents) | | | | | | | | | | | | |
| <input type="checkbox"/> Non-bank, non-KiwiSaver financial institution | <input type="checkbox"/> Insurance company (health, life) | | | | | | | | | | | | |
| <input type="checkbox"/> Rental tenancy agreement | | | | | | | | | | | | | |

Certification of your Documents

Provide certified copies of identity documents and proof of address (which is not required to be certified).

An employee or agent of Generate can verify original documents by sighting the original documents and then making the following statement "I verify that the attached documents are true copies of the original documents and that they represent the identity of [full name of the person being identified]"

- Certification must be within the last three months.
- Any birth certificates that have been issued before 2003 should be certified or verified.
- The approved person cannot be your spouse, partner, relative or living at the same address as you.
- The approved person could be: a JP; Chartered Accountant; Lawyer; Police Officer; Registered Teacher; Registered Doctor or any other person who has legal authority to take statutory declarations in New Zealand.
- Upon comparing the copy with the original document, the approved person must write on the copy their name, occupation, their signature, the date and the following, "I certify this to be a true copy of the original document and confirm that it represents the identity of [full name of person being identified]"

Trust / Deceased Estate Application Form

This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone **0800 855 322**.

Privacy Statement

Generate Investment Management Limited (or Generate group companies), Public Trust, any of their authorised agents, and any distributor (each an "Authorised Person") may collect personal information that you provide to us. Generate will (or through MMC Limited will) hold the information securely. Your information will be used by Generate and the Supervisor to manage your relationship with Generate and the Supervisor, to provide products and services to you, to comply with any applicable laws, to offer you further products and services that may be of interest to you and for any other use for which you have given authorisation. We may also disclose your personal information for these purposes to our staff members, related companies, our third party service providers and to the Financial Markets Authority or other applicable regulators.

Generate may further use your information to electronically verify your details and your information may also be disclosed for these purposes to third parties where Generate have further contracted to carry out the verification process.

If you contact us or we contact you, we may keep a record of that contact. We may also monitor and record calls you make to us and we make to you. You may request the information held about you, and if any of the information is incorrect, ask for it to be corrected. You can do this by contacting us by email or call us on 0800 855 322.

Electronic Provision of Information

I/We consent to receiving any communication from Generate or any related affiliates (e.g. Supervisor, Administrator or companies within the Generate group) electronically via Generate's online portal, or at the email address provided in this Application Form or direct to Generate.

Declarations and Authorisations

I/We wish to apply for units in the Scheme. I/We confirm that I/we have received, read and understood the current Generate Unit Trust (Managed Funds) Scheme Product Disclosure Statement and online register entry and agree to be bound by the terms and conditions set out in the Product Disclosure Statement and Trust Deed governing the Scheme. I/We understand that if a transaction request is invalid or insufficient information is provided, it will not be processed until valid documentation is received.

I/We understand that neither Generate nor the Supervisor has represented or implied that any particular fund or investment strategy is appropriate for my/our particular circumstances. I/We understand that investments in the Scheme are subject to investment risk and that the value of my/our investment may rise and fall from time to time. I/We understand that the distributor through which I/we joined the Scheme (if applicable) may be remunerated by Generate for distributing the Scheme. I/We acknowledge that none of Generate, the Supervisor and any distributor through which I/we joined the Scheme will be liable to me/us for any loss as a consequence of them accepting or acting on instructions from me/us or an authorised signatory in respect of my/our investment in the Scheme (and that none of Generate, the Supervisor, or any other person guarantees the performance of the Scheme or the repayment of any money payable from the Scheme).

I/We confirm that all of the information in this application form is true and correct. I/We agree to notify Generate immediately if there is any change in the information given in this application form (including in relation to any present or future Controlling Person(s)).

To the extent that the information provided in this Application Form relates to a person who is a Controlling Person of the unitholder, I/we certify that I/we have the authority of such Controlling Person to sign this form on their behalf.

By signing this Application Form I/we consent to receive all forms of information and communication including account information, confirmation information, newsletters, Scheme annual reports, annual statements and annual tax certificates by any form of communication including email or other electronic means.

I/We agree, pursuant to the Unsolicited Electronic Messages Act 2007, that the person sending any such message need not include a functional unsubscribe facility in the message. Telephone calls may be recorded for training purposes or to provide security for transactions by Generate, its related companies or agents.

I/We confirm that I/we have read and I/we accept the 'Declarations' in the above section.

In addition to all Trustees a minimum of two Directors of the Trustee Company must sign this form.

Signature of Director/Trustee/Executor 1

_____ Date Signed _____

Signature of Director/Trustee/Executor 2

_____ Date Signed _____

Signature of Director/Trustee/Executor 3 (if relevant)

_____ Date Signed _____

Signature of Director/Trustee/Executor 4 (if relevant)

_____ Date Signed _____

Adviser Information (Internal Use Only)

Opportunity Number _____

Name of Adviser _____ Adviser Code _____ Adviser Group Code _____

Verification of Identity

I verify that the attached documents are true copies of the original documents and that they represent the identity of:

Director/Trustee/Executor _____ Signed _____ Date of Verification _____

Director/Trustee/Executor _____ Signed _____ Date of Verification _____

Director/Trustee/Executor _____ Signed _____ Date of Verification _____

Director/Trustee/Executor _____ Signed _____ Date of Verification _____

Trust / Deceased Estate Application Form

This is an application to invest in the Generate Managed Funds Scheme. For help completing this form, please phone **0800 855 322**.

Document Checklist

Trust or Estate Checklist

Please complete the checklist below and supply all the relevant supporting documents.

- Trust applications only – minimum \$25,000 initial investment
- Trust Deed and any amendments
- Certified copy of Probate/Letters of Administration (Estates only)
- Electronic Identity Verification consent OR certified identification (as per the table on page 16) for all persons with power to alter the Trust, including:
 - All Trustees
 - Appointer or Protector
 - Settlor
 - Beneficiaries of a Non-Discretionary Trust with 25% or more interest
 - Directors of a Trustee Company
 - Shareholders of the Trustee Company with 25% or more shareholding
 - Individuals acting under a Power of Attorney
- Electronic Identity Verification OR certified address proof (as per the table on page 16) for the above individuals
- Full name and date of birth of any named Beneficiaries of a Non-Discretionary Trust and Discretionary Trust
- Details and verification of source of funds or wealth (certified copy)
- Proof of bank account in the Trust or Estate's name
- If a Trustee is a company, rules for a company also apply as per the below Companies Checklist table
- US citizen and Financial Institution details
- Foreign tax residency details of each Controlling Person, Director or Beneficiary
- IRD number
- Application form completed and signed by all relevant individuals

Company / Partnership / Entity Checklist

Please complete the checklist below and supply all the relevant supporting documents.

- Company & Partnership applications – minimum \$25,000 initial investment
- Electronic Identity Verification consent OR certified identification (as per the table on page 16) for all persons with controlling powers, including:
 - Directors
 - Beneficial Owners with 25% or more shareholding
 - Individuals with effective control such as a CEO or Managing Director
 - Nominee Director, Nominee Partner or Nominee Shareholder
 - Authority to Act on Behalf of the Applicant (e.g. authorised persons; those with Power of Attorney)
- Electronic Identity Verification consent OR certified address proof (as per the table on page 16) for the above individuals
- Details and verification of source of funds or wealth
- Proof of bank account in the applicant's name
- US citizen and Financial Institution details
- Foreign tax residency details of each Controlling Person, Director or Officer
- IRD number
- Application form completed and signed by all relevant individuals
- Certificate of Incorporation (if applicable)

Where to send your application

Email return: Please scan this application and all supporting documentation and email them to us at info@generatewealth.co.nz or

Postal return: Please send this application and any supporting documentation to:
Generate Investment Management Limited, PO Box 91609, Victoria Street West, Auckland 1142

Trust / Deceased Estate Application Form

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Appendix of Definitions

Foreign Account Tax Compliance Act (FATCA)

Under an agreement between New Zealand and the United States, and under New Zealand law, Financial Institutions (FIs) collect tax residency information about United States citizens and tax residents. FIs report the information to Inland Revenue, who may share it and account information with the United States Internal Revenue Service (IRS).

Common Reporting Standard (CRS)

A set of rules developed by the OECD on how countries taking part in the automatic exchange of financial account information (AEOI) collect, report, and share financial account information. Under New Zealand law, Financial Institutions must collect tax residency information about any people or entities that are tax resident of countries other than New Zealand and report it and account information to Inland Revenue, who may share it and account information with certain Participating CRS Countries.

Managed Investment Entity (MIE)

An entity that:

- in the past three financial years or if shorter, the period since the entity has been trading, earned more than 50% of its gross income from investing or trading in financial assets, and
- is managed or controlled by another Financial Institution that has responsibility and power to make and carry out investment decisions for them.

For example, a trust may be a Managed Investment Entity, if a trustee is a Financial Institution and that trustee invests or manages the trust's property without needing prior approval from other trustees.

Non- Participating CRS Country

A country that does not have an agreement to share specified tax information with other countries.

For a full list of Participating CRS Countries:

<https://www.classic.ird.govt.nz/technical-tax/determinations/crs/aeoi-participating-jurisdictions/aeoi-participating-jurisdictions-from-april-2019/>

Deemed Compliant Foreign Financial Institution

A non-US Financial Institution that doesn't have to register with the IRS in relation to FATCA. If you choose this status, you'll need to complete and return a W-8BEN-E form obtainable from the IRS website at www.irs.gov/pub/irs-pdf/fw8bene.pdf

Exempt Beneficial Owner

The term "Exempt Beneficial Owner" means:

- a Governmental Entity – The entity is a non US government or political subdivision thereof
- an International Organisation – International or supranational organisation whose income does not benefit private persons
- a Central Bank – An institution that is the principal authority in issuing instruments intended to circulate as currency
- certain Retirement or Pension Plans
- an entity that is wholly owned by an Exempt Beneficial Owner depository institution

Financial Institution

A Custodial Institution, a Depository Institution, an Investment Entity or a Specified Insurance Company. For assistance in identifying whether you are a Financial Institution, please refer to www.ird.govt.nz and use the search phrase "CRS glossary".

Participating Foreign Financial Institution

A non-US Financial Institution that has entered an agreement direct with the IRS to report information on account holders who are US tax residents.

Partner Jurisdiction Financial Institution

The term "Partner Jurisdiction Financial Institution" means:

- any Financial Institution resident in a Partner Jurisdiction but excluding any branches of such Financial Institution that are located outside the Partner Jurisdiction
- any branch of a Financial Institution not resident in the Partner Jurisdiction, if such branch is located in the Partner Jurisdiction.

Partner Jurisdiction means a jurisdiction that has in effect an agreement with the US to facilitate the implementation of FATCA.

New Zealand Financial Institution

A Financial Institution that is resident in New Zealand (excluding any branches located outside New Zealand) and any branch of a Financial Institution not resident in New Zealand, if such a branch is located in New Zealand.

The Global Intermediary Identification Number (GIIN)

A 19-character number, issued by the US Internal Revenue Service to uniquely identify an entity registered with the IRS for FATCA.

Non-Financial Entity (NFE)

An entity that is not a Financial Institution

Active Non-Financial Entity (NFE)

A NFE that, in the last financial year, had less than 50% of assets held to produce Passive Income, and less than 50% of its gross income came from Passive Income. Specific types of Active NFEs include holding/treasury companies, start-up companies, entities in liquidation and bankruptcy, tax-exempt non-profit organisations, and other Active NFEs.

A registered charity that is a NFE will be an Active NFE (even if it derives predominately Passive Income).

Passive Non-Financial Entity (NFE)

A NFE that is not an Active NFE.

Passive Income

Income that includes interest, dividends, rent, or royalties that is not income from a transaction entered into in the ordinary course of the business of a dealer in financial assets.

Controlling Person

Any individual who can exercise control over the investing entity or any other natural person exercising or having the ability to exercise control (including through an intermediary, or a chain of control or ownership). This could include:

- for companies: shareholders with more than 25% ownership interest and directors
- for partnerships: the partners
- for trusts: settlors, trustees, protectors, beneficiaries* or other natural persons, regardless of whether any of them in practice exercises control over the activities of the trust

*A discretionary beneficiary or class of discretionary beneficiaries (that does not otherwise control a trust) should only be treated as a Controlling Person if they have received a distribution from the trust or intend to exercise vested rights. The trust or trustee should inform Generate if they make a distribution to such a beneficiary or when a beneficiary intends to exercise rights.

Where an entity occupies a position of control in relation to an investing entity, you will need to identify the individuals that are Controlling Persons of that entity.

Tax Identification Number (TIN)

The taxpayer identification number is an identification number used by a tax authority to administer their tax laws.

It is the equivalent to the New Zealand Inland Revenue Number (IRD Number).