

# APPLICATION FORM

## FOR CONRAD INVESTMENT SCHEME – CFML MORTGAGE FUND UNITS

### 1 TERMS USED IN THIS APPLICATION

<b>Manager:</b>	Conrad Funds Management Limited
<b>Supervisor:</b>	Covenant Trustee Services Limited
<b>Investment Amount:</b>	The amount of investment set out in section 2.
<b>Unit Holder:</b>	You, the applicant. Where there is more than one applicant named in this form, Unit Holder means each applicant jointly and severally.

### 2 APPLICATION FOR UNITS

I/We wish to invest NZ\$\_\_\_\_\_ in the Fund (“Investment Amount”).

#### 2A DISTRIBUTION PAYMENTS

Distributions will be made by direct credit on a quarterly basis. Please enter your New Zealand bank account details below:

Name of Bank

\_\_\_\_\_

Account Name

\_\_\_\_\_

Account Details

\_\_\_\_\_

Swift Code (if applicable):

\_\_\_\_\_

Please attach proof of your New Zealand Bank Account details (e.g. NZ bank statement within the last 3 months) to the completed application form.

### 3 INVESTOR’S DETAILS (BLOCK CAPITAL LETTERS PLEASE)

**3A MAIN APPLICANT** (HEREIN AFTER TOGETHER WITH HIS/HER EXECUTORS, ADMINISTRATORS, PERMITTED ASSIGNS AND ANY JOINT APPLICANTS REFERRED TO AS “THE APPLICANT”)

Company / Trust / Partnership name

\_\_\_\_\_

Please attach the Trust Deed to this application

Trading Name (If different)

\_\_\_\_\_

Jurisdiction of Incorporation

\_\_\_\_\_

Company / Trust Number, identifier or registration number (if applicable):

\_\_\_\_\_

**3B COMPANY ADDRESS**

Address

\_\_\_\_\_

\_\_\_\_\_

Postcode

Country

\_\_\_\_\_

Please attach proof of address documents to your completed application form (see section 9 for further information)

**3C MAILING ADDRESS AND CONTACT DETAILS**

Same as section 3B.            or:

Mailing Address

\_\_\_\_\_

Postcode

Country

\_\_\_\_\_

**3D SOURCE OF FUNDS AND PURPOSE OF INVESTMENT**

Source of Wealth/Funds

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature & Purpose of Investment (the nature and purpose of the proposed business relationship with the Manager)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We may require more details on the above source of wealth/funds and Nature and Purpose of Investment if necessary.

**4 RELEVANT PERSONS DETAILS (BLOCK CAPITAL LETTERS PLEASE)**

Please note down all Directors, Shareholders, Trustees and beneficiaries. Please attach proof of identity, and proof of address for Directors, Shareholders and Trustees.

**4A RELEVANT PERSON 1 (PRIMARY CONTACT)**

Title	Surname	Home Address
_____		_____
Given name[s] _____		_____
_____		_____
Date of Birth (DDMMYYYY) _____		Postal Address (If different) _____
_____		_____
Country of Birth _____		_____
_____		_____
Contact Number _____		Email Address _____
_____		_____
IRD Number: _____		Relationship to Company / Trust _____
_____		_____

**4B RELEVANT PERSON 2**

Title	Surname	Home Address
_____		_____
Given name[s] _____		_____
_____		_____
Date of Birth (DDMMYYYY) _____		Postal Address (If different) _____
_____		_____
Country of Birth _____		_____
_____		_____
Contact Number _____		Email Address _____
_____		_____
IRD Number: _____		Relationship to Company / Trust / Partnership _____
_____		_____

**Please attach further copies of this page if further details are needed**

**5 TAX STATUS**

Is the entity a New Zealand Tax Resident or Non-Resident?

New Zealand-Resident                       Non Resident

IRD Number: \_\_\_\_\_

Overseas Tax Number: \_\_\_\_\_

If you are a NZ tax resident, please attach proof of your IR number (letter from Inland Revenue) to the completed application form. If you are an overseas tax resident, please attach a copy of your tax statement or letter from your tax authority in your name showing your tax payer identification number (TIN or Employment Number) of your most recent country/jurisdiction.

Prescribed investor rate

- 0%                       17.5%  
 10.5%                     28%

## 6 FATCA AND FOREIGN TAX RESIDENCY STATUS

Are you a foreign tax resident or US person?    Yes\*       No

\* If you are a US person, please fill out the FATCA Report Form 8966. If you are a foreign tax resident, you will need to complete additional documentation and provide the Manager with other information before we can proceed with your application.

If you are a US person, you may also wish to visit the US IRS website to determine if you need to complete and submit any additional IRS forms.

The term 'US person' means:

- US citizens, including those resident outside the United States
- US permanent residents, including green card holders
- People born outside the US with a US parent
- US tax residents
- Certain persons who spend a significant number of days in the United States each year
- Corporations, estates and trusts, and other entities controlled by US persons

## 7 POLITICALLY EXPOSED PERSONS

Has a shareholder/trustee/director, or their immediate family member, ever held a public office position e.g. diplomat, ambassador or high commissioner, high level judicial, military or ministerial position or board or senior management position in any state enterprise in New Zealand or overseas?

No                       Yes, please specify \_\_\_\_\_

## 8 ACKNOWLEDGEMENTS

### 8A PRODUCT DISCLOSURE STATEMENT – CFML MORTGAGE FUND

I/We have received a copy of and have read the most recent Product Disclosure Statement for the CFML Mortgage Fund prior to this application being submitted.

Initial: \_\_\_\_\_

### 8B CONRAD INVESTMENT SCHEME – CFML MORTGAGE FUND TERMS

I/We agree to be bound by the terms and conditions of the CFML Mortgage Fund (including as set out in the Product Disclosure Statement, the Other Material Information document, the SIPO and the Governing Document), and understand the nature of the investment and the fees payable in relation to the investment.

Initial: \_\_\_\_\_

**8C ANTI-MONEY LAUNDERING AND COUNTERING FINANCING OF TERRORISM ACT 2009**

I/we acknowledge that the Manager is subject to, and required to comply with, anti-money laundering and countering financing of terrorism laws in New Zealand, including the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML Laws). This may include reporting suspicious activities as required by AML Laws to the Commissioner of the New Zealand Police.

I/We acknowledge that the Manager may use Thompson Reuters World Check (or a similar product or service) to determine whether I am/we are recorded with any notation as Politically Exposed Persons.

I/we agree to provide the Manager (and its employees, agents and nominees) with all information, documents and other assistance reasonably required to establish the source of my/our investment funds, and to enable the Manager to comply with its obligations under the AML Laws. This may include, but is not limited to:

- o personal and business tax records (past five years);
- o shareholding certificates (current or if sold proof of cash transfer into bank account);
- o employment contracts and wage records;
- o bank statements (at least last 24 months);
- o inheritance documents (Will, Probate and evidence showing where the funds will transfer from);
- o property certificate(s) of title;
- o property valuations;
- o overview letter from accountant;
- o other asset valuations, e.g. gold bullion;
- o business ownership and its valuation; or
- o statement of assets and liabilities.

I/We represent and warrant that I/we have no cause to believe the investment funds are the proceeds of crime or will be used to finance terrorism.

I/We agree to provide the Manager (and its employees, agents and nominees) with all information and assistance the Manager requires to satisfy its questions regarding the investment structure being used to own my/our investments (if applicable), including but not limited to:

- details of my/our company (and its ultimate holding company if applicable), and its beneficial owners including a copy of the company's certificate of incorporation (or similar) and foreign tax number, together with the full names, dates of birth, residential addresses and foreign tax numbers of all beneficial owners, along with verified copies of identity and address documentation and proof of foreign tax number for all beneficial owners;
- details of my/our trust (if applicable) including a copy of the trust deed, full names, dates of birth, residential addresses and foreign tax numbers of all trustees, along with certified copies of identity and address documentation and proof of foreign tax number for all trustees, and the name and date of birth of the trust's beneficiaries;
- details of my/our partnership or other ownership structure (if applicable), including a copy of the partnership agreement (or other similar establishment documentation), full names, dates of birth, residential addresses and foreign tax numbers of all partners and other beneficial owners, along with certified copies of identity and address documentation and proof of foreign tax number for all partners and other beneficial owners.

To the maximum extent permitted by law, I/we indemnify the Manager (and its employees, agents and nominees) against any loss they suffer as a result of me/us providing incorrect or incomplete information. I/we understand that failure to comply with the reasonable request for information or documents that are required by the Manager to satisfy its obligations under AML Laws will result in my/our application being rejected.

Initial: \_\_\_\_\_

**8D PERSONAL INFORMATION AND PRIVACY ACT**

I/We consent and agree that all information about the entity is disclosed in this application form or otherwise provided to the Manager (now or in the future) may be:

- used by the Manager, the Supervisor or any of their related entities for the purposes of managing and supervising the CFML Mortgage Fund and my/our investment in the CFML Mortgage Fund, and to comply with applicable laws, including AML Laws;
- used by the Manager to contact me/us in relation to my/our investment. By signing this application form, I/we agree to receive all forms of communication from the Manager or the Supervisor by email and consent to receiving information, notices and other documents which the Manager or the Supervisor are required to provide by law or any other relevant information regarding my/our investment in the CFML Mortgage Fund;
- disclosed to any New Zealand or international Government agencies, including the Financial Markets Authority, revenue or taxation services and other regulatory authorities, for the purposes of complying with any laws in New Zealand or overseas;
- disclosed to:
  - o any related party of the Manager;
  - o any insurer or financier of the Manager;
  - o any service provider or agency who provides services in relation to the CFML Mortgage Fund or the Conrad Investment Scheme;
  - o the Registrar of any public register (as defined in the Privacy Act 1993); or
  - o any third party for the purposes of the Manager enforcing its rights against me/us, provided that any such disclosure will be to the extent required by law or as reasonably required by the person to whom the disclosure was made.

I/We know that I/we can request access to and correction of any information held about me/us by the Manager by contacting the Manager using the contact details provided in section 7 'Who is involved?' of the Product Disclosure Statement. Notwithstanding the foregoing, I/we acknowledge that where a suspicious activity report has been made about me/us, the person who has made that report is not able to give me/us access to any information about that report (including its existence) and I/we have no right to request that information in that report be corrected. I/we will inform the Manager of any changes to the information provided by me/us to the Manager as soon as practicable, and I/we will provide the Manager with updated certified identity documents if my/our identity document expires and an updated certified proof of address if my/our residential address changes.

Initial: \_\_\_\_\_

**8E UNITED STATES (US) FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND AUTOMATIC EXCHANGE OF INFORMATION (AEOI) LAWS**

I/We acknowledge that the Manager is subject to reporting obligations under FATCA and the global standards on the automatic exchange of financial account information (AEOI).

I/We will be called on from time to time to certify whether I am/we are tax resident in any overseas jurisdiction. I/We acknowledge that if I/we fail to complete such certifications the Manager may deem me/us to be foreign tax residents and report on that basis.

I/We acknowledge that the Manager has certain obligations to report information held about me/us under FATCA and the AEOI laws and I/we consent to the Manager disclosing all such information to the necessary parties.

Initial: \_\_\_\_\_

**8F TAX STATEMENT**

I/we agree to indemnify the Manager and the Supervisor in respect of any taxation amount paid or payable by the Manager or the Supervisor on my/our behalf including any shortfall if the value of my/our Units in the CFML Mortgage Funds is insufficient to meet any liability for any taxation amount payable (whether current or deferred).

Initial: \_\_\_\_\_

**9 DECLARATION AND SIGNATURE**

Joint holders, partners and trustees should all sign this form. A company should execute this form in accordance with its constitution. If this form is executed under a Power of Attorney, the certificate of non-revocation of Power of Attorney below should be completed and a copy of the Power of Attorney provided together with this form.

Signature(s) of applicant(s)

MAIN APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

– OR –

JOINT APPLICANT #1 \_\_\_\_\_ Date \_\_\_\_\_

JOINT APPLICANT #2 \_\_\_\_\_ Date \_\_\_\_\_

This Application Form must not be issued, circulated, or distributed unless accompanied by the most recent Product Disclosure Statement for the CFML Mortgage Fund.

\_\_\_\_\_  
(If Applicable) Certificate of non-revocation of Power of Attorney

I, \_\_\_\_\_ of \_\_\_\_\_

Hereby certify:

THAT, by a Power of Attorney dated the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Name of person for whom attorney is signing)

appointed me his/her/its attorney on the terms and conditions set out in the Power of Attorney.

THAT I have executed the application for Units in the CFML Mortgage Fund printed on the face of this form as attorney under that Power of Attorney and pursuant to the powers thereby conferred upon me.

THAT at the date of this certificate I have not received any notice or information of the revocation of that Power of Attorney by the death or liquidation of the donor or otherwise.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature of attorney)

## 10 IDENTIFICATION AND PROOF OF ADDRESS CERTIFICATION

### 10A APPLICANT TO LIST

Take **Originals and Copies** of the following documents to the Certifier, Or bring originals to be Certified by a CFML Representative. **Check**

- Copy of your current Passport
  - Utility bill from your power, gas, water, landline phone
  - Bank Statement in the same name as your passport
  - Copy of a tax statement or letter from your tax authority in your name showing your taxpayer identification Number (TIN or Employment Number) of your most recent country/jurisdiction.
- o *Your Passport must be current, include your name, date of birth, photo and signature and be issued by a foreign Government, United Nations or agency of the United Nations.*
- o *The Utility bill must be in the same name as your passport, show the physical address the utility is supplied to, and be dated within the last 3 months.*
- o *Your bank statement must also be in the same name as your passport and be dated within the last 3 months.*

### 10B CERTIFIER IS REQUIRED TO SIGHT THE ORIGINAL DOCUMENTS

Sight the original of the documents

- Stamp, sign, put your full name, occupation, and date of certification on each copy of the documents
  - For photo ID confirm it is a true likeness
  - Complete Contact Details on next page and date the form.
- o *For **photographic ID documents** "I certify that this is a true copy of the original document, which I have personally sighted; and the photograph is a true likeness."*
- o *For all **other ID documents** "I certify that this is a true copy of the original document, which I have personally sighted."*
- o *If any document is in a language other than English, please provide a translation in English.*
- o **A Certifier may include one of the following:**
- For Overseas Clients:
    - o Notary public
    - o Registered and Practising Lawyer
    - o New Zealand Honorary consul
  - For New Zealanders:
    - o Notary public
    - o Lawyer (as defined in the Lawyers and Conveyancers Act 2006)
    - o New Zealand Honorary consul
    - o Chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996)
    - o Commonwealth representative (as defined in the Oaths and Declarations Act 1957)
    - o New Zealand Justice of the peace
- o *The certifier **must not** be a parent, child, brother, sister, aunt, uncle, cousin, spouse, partner or live at the same address, or be involved in the property transaction.*
- o *Documents must be certified by a trusted referee within the last 3 months*

#### Certifier Contact Details

Name of Individual you are Certifying:	Address:
_____	_____
Name of Certifier:	Suburb:
_____	_____
Occupation:	Town City:
_____	_____
Position Title:	Postcode:
_____	_____
Organisation:	Email address:
_____	_____