## HEARTLAND SCHEDULE OF ADDITIONAL AUTHORISED/CONTROLLING PERSONS



(TO BE USED IN CONJUNCTION WITH AN ACCOUNT APPLICATION FORM)

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:

- the current Account and Service General Terms and Conditions; and
- the Heartland Term Deposits Fact Sheet and Heartland Savings Account Fact Sheet (as applicable);

and agree they will be binding on you.

 $A copy \ of these \ documents \ and \ Heartland \ Bank's \ latest \ Disclosure \ Statement \ can be \ obtained \ from \ our \ Investment \ Team \ on \ 0800852020 \ or \ at \ www.heartland.co.nz.$ 

AUTHORISED/CONTROL	LING PERSON – 3		TAX DETAILS	
Existing customer – My customer number is  De e.g.			on reasurer, chairperson, sole trader, par	Tax Identification Number
F	First name(s) in full		Date of birth	NZ IRD Number
Surname	Occupation		Country of birth	or country of tax residency
If your country of birth, citizenship, residency Countries you have residency or citizenship	taxı	ntries you are resident in		NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.
Postal address	If any	overseas tax residencies, a self-certifica	ition form must be completed	10.5% 17.5% 30.0% 33.0% 28.0% (Company) Exempt  Non-residents please indicate
Suburb	City or town		Postcode	NRWT ALL
Physical address (if different from above)				Additional Tax Identification Number
Suburb	City or town		Postcode	
Email address Please note that, by providing an email address, y	rou consent to receiving communications in electronic form			Additional country of tax residency
Ph (hm) ( )	Ph (wk) ( )	Mob ( )		Fax ( )
AUTHORISED/CONTROL	LING PERSON – 4			TAX DETAILS
Existing customer – My customer number is			on reasurer, chairperson, sole trader, par	Tax Identification Number
First name(s) in full			Date of birth	NZ IRD Number
Surname	Occupation		Country of birth	or country of tax residency
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			ition form must be completed	NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.
Postal address				28.0% (Company) Exempt  Non-residents please indicate
Suburb	City or town		Postcode	NRWT AIL
Physical address (if different from above)				Additional Tax Identification Number
Suburb	City or town		Postcode	
Email address Please note that, by providing an email address, y	rou consent to receiving communications in electronic form			Additional country of tax residency
Ph (hm) ( )	Ph (wk) ( )	Mob ( )		Fax ( )
INTERNET BANKING ACC	ESS			
Please tick if you would like access	ss to Internet Banking.			
AUTHORISED ACCESS List here all the Users whom you au	uthorise to access your nominated Account(s) using Inte	ernet Banking: (If you are not	a current Heartland Bank cus	stomer, please complete a signatory request form)
User Name	User Name	User Name User N		User Name
Customer Number	Customer Number	Customer Number Custom		Customer Number
Cianatura	Cienatura	Cinantura		Cianatura

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 2020 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 for an account or service, including to establish and verify your identity and to assess your creditworthiness and financial position from time to time, and any future application for products or services which involves you. We can also use it to administer and monitor 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 purpose 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 have rights to access and request correction of your personal information under the Privacy Act 2020. You can do so by contacting us using the details provided on heartland.co.nz/contact-us.

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 B	EHALF OF	SIGNED BY THE ACCOUNT HOLDER OR ON BEHALF OF Name					
Name							
Signature	Date	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 NUMBER							
ACCOUNT MANAGER:		COST CENTRE:					
INTERNET BANKING LIMIT APPROVED BY:							