Heartland Cash and Term PIE fundOrganisations



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			itions; and			
 the Heartland Cash and Term PIE Fund and agree that these terms and the term 			uill he hinding on ve			
A copy of these documents and Heartlan					m on 0800 85 20 20 or at wy	vw.heartland.co.nz.
	Partnership		Other (please specify			
Please state why you are opening this account and how you intend to fund it	raitileisilip	Club	Strief (please specify	· · · · · ·		
Organisation details						Toy details
Organisation details	-1-			Company		Tax details
Existing customer – My customer number is company number						Tax Identification Number
Full legal name						Please note this is a Mandatory field and you are required to
Trading name (if different)	provide your IRD number within six weeks of opening the account in order to retain your investment.					
Postal						NZ IRD or country of tax residency
City or						Please indicate your prescribed Investor Rate (PIR) below.
Suburb		town			Postcode	0% 10.5% 17.5% 28.0%
Physical address (if different from above)						Additional Tax Identification Number
Suburb		City or town			Postcode	
Country of Registration/ Incorporation			Countries the entit	ту		Please note for non-residents: We are required to deduct PIE tax at the default rate of 28%.
- Incorporation				encies, a self-certification	form must be completed	Additional country of
Email address Please note that, by providing an email address, you consent	to receiving communications in elec	tronic form				tax residency
Ph (hm) ()	Ph (wk) ()			Mob ()		Fax ()
Authorised person – 1						Tax details
Existing customer – My customer numbe	r is			Designation	surer chairnerson sole trader nartner	Tax Identification Number
eg. Director, treasurer, chair Eirst name(s) in full pate first name(s) in full of birth						
					Country	NZ IRD Number
Surname		Occupation			of birth	or country of tax residency
If your country of birth, citizenship, residency and tax re Countries you have residency or citizenship	sidency are all NZ please tick and mo	ve to the next section	Countries you are tax resident in			Additional Tax Identification Number
Postal				encies, a self-certification l	orm must be completed	
address		City or				Additional country of tax residency
Suburb		town			Postcode	Concentry
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 close	tranic form				
Ph (hm) ()	Ph (wk) (done form		Mob ()		Fax ()
Authorised person – 2						Tax details
Existing customer – My customer number is Designation e.g. Director, treasurer, chairperson, sole trader, partner						Tax Identification Number
First na	me(s) in full				Date of birth	
Surname		Occupation			Country	NZ IRD Number or country of
If your country of birth, citizenship, residency and tax re	sidency are all NZ please tick and mo				of birth	tax residency
Countries you have Countries you are residency or citizenship tax resident in						Additional Tax Identification Number
Postal address			If any overseas tax reside	encies, a self-certification i	orm must be completed	
Suburb		City or town			Postcode	Additional country of tax residency
Physical address (if different from above)						
		City or			Portrada	
Suburb		town			Postcode	
Email address Please note that, by providing an email address, you consent	to receiving communications in elect	ronic form				<u> </u>
Ph (hm) ()	Ph (wk) ()			Mob ()		Fax ()

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

Investment information I would like to invest Minimum investment \$1,000. Maximum investment \$5,000,000.	% p.a. for Option 1 OR Option 2	Months	Units to be held in a Heartland Term PIE ount eartland Cash PIE Account				
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							
Direct Credit – Bank account for Heartland Cash and Term PIE Fund: 03-1783-0500515-00 Signing rules Anyone to sign by themselves All signatories must sign At least Note: For clubs, charities and not-for-profit organisations at least 2 signatories must sign.	0 must sign Other (Pleas	se specify)					
Mobile app access Please tick if you would like access to the Heartland Mobile App							
How did you hear about us? Online/digital/social media e.g. interest.co.nz, Facebook, Google, outdoor advertising Radio Word of mouth Club or event (please specify) Further information If you have any additional comments or further information please.	Newsp Branch Other (aper (please specify)					
Privacy — In this declaration, "Heartland", "we" or "us" means Heartland Bank Lin and each other person named in this application. Heartland is collecting information services if you do not provide that information. That information may be used by us to financial position from time to time, and any future application for products or servi regulatory requirements (e.g. identity verification requirements and tax reporting), to business, and as otherwise described in our Privacy Statement. You agree that — for the consider appropriate. Those organisations might include our service providers, oth prevention, identity verification, and any other purpose relevant to those purposes persons. We may also exchange information about you (including default information) use their credit reporting services. You have rights to access and request correction o 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.	bout you in accordance with the Privac consider this application for an account ces which involves you. We can also u provide you with information about oth see purposes – we can provide informat er financial and insurance institutions, (those third parties may retain inform with credit reporting agencies on an o f your personal information under the	cy Act 2020 and our Privacy Sta or service, including to establis se it to administer and monito er products or services, includin ion about you to, and obtain government departments, you attion and use it for identity we ngoing basis. Those agencies m	tement, and we may not be able to provide you with products or h and verify your identity and to assess your creditworthiness and products or services provided to you, to comply with legal and g those of selected third parties, generally to develop and run our information about you from, other organisations or people we remployer or accountant, third parties for the purposes of fraud crification and fraud detection purposes), and other appropriate ay retain that information and provide it to other customers who				
Signed by the account holder or on behalf of		ne account holder or on	behalf of				
Name Signature Date	Name Signature		Date				
Bank use only: CDD checklist completed Self-certification form completed (if applicable) Account number Account manager: Internet banking limit approved by:	EFTPOS Card/s ordered Account n Cost centre: Sales channel	Originator:					