

Application for membership



Personal Information

Mr Mrs Ms Miss Dr Other

First Name/s

Surname

Date of Birth (DD/MM/YYYY)

Phone Number

Residential Address (including country)

Postal Address (if different from above)

Email Address

Investor Information

What is your Prescribed Investor Rate (PIR)?

If you are unsure how to determine your PIR please go to ird.govt.nz/toii/pir

10.5% 17.5% 28% 0% (Notified Foreign Investor) 0% (NZ Transitional Investor)

IRD / TFN Number

What is your country of residence for tax purposes?

Source of funds (e.g. Business earnings, pension transfer, property sale)



Are you a US citizen / US tax resident? If yes, please provide your US Taxpayer Identification Number (TIN)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	TIN
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In the previous 12 months, have you, any member of your immediate family, or any close business associate, been engaged in a role overseas that was, or is, related to political office or foreign public service?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Tax Residency self-certification

From 1 July 2017, the Manager has obligations to the New Zealand Inland Revenue under the Common Reporting Standard to obtain tax residency information in respect of each new investor. Where required under the Common Reporting Standard the Manager must provide this information and other information we hold about you and your investment to Inland Revenue.

Please choose one of the following options:

Your Taxpayer Identification Number (TIN) is the number issued by the tax authority of the country/ jurisdiction where you are tax resident.

<input type="checkbox"/>	I am a tax resident only of New Zealand, Australia or the United States of America, and have provided the corresponding Taxpayer Identification Number (TIN) on page one of the Garrison Bridge Superannuation Scheme application form.
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<input type="checkbox"/>	I am a tax resident of countries/jurisdictions, other than New Zealand, Australia and the United States of America.
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If the second option was selected, please list below all countries/jurisdictions in which you are a resident for tax purposes, and your corresponding TIN.

Country/Jurisdiction of residence – other than NZ, AU or USA	TIN
<input type="text"/>	<input type="text"/>

Country/Jurisdiction of residence – other than NZ, AU or USA	TIN
<input type="text"/>	<input type="text"/>

I acknowledge that: The information in this form and other information held by the Manager about myself and my investment in the Garrison Bridge Superannuation Scheme, may be provided to the New Zealand Inland Revenue who may provide it to tax authorities of the countries/jurisdictions in which I am tax resident.

If there is any change in my tax residency disclosed to the Manager, I will advise the Manager within 30 days, and provide a new self- certification with any new TIN.

By signing this application: The Acknowledgements (Acknowledgement – Your Agreement) of my Garrison Bridge Superannuation Scheme Application Form apply equally to the information provided above.

Investment Details

Please select which fund you would like to invest in below. Investments can be allocated across the funds providing the **total allocation is 100%**. e.g. 50% in two funds, totalling 100% overall.

Please **indicate a % or select a \$ amount or circle ALL** to invest in an individual fund.

NZD Conservative Passive Fund

% Or \$ Or ALL

NZD Growth Passive Fund

% Or \$ Or ALL

AUD Balanced Passive Fund

% Or \$ Or ALL

GBP Conservative Passive Fund

% Or £ Or ALL

GBP Growth Passive Fund

% Or £ Or ALL

GBP Moderate Active Fund

% Or £ Or ALL

GBP Balanced Active Fund

% Or £ Or ALL

GBP Growth Active Fund

% Or £ Or ALL

Note: A zero tax rate only applies to investments in AUD & GBP

Expected pension transfer amount

\$

Or

Initial non-pension contribution

Pension Information

If applicable, please provide the details of your pension transfer

Pension Scheme A

Pension Scheme B

Type of scheme (e.g. Defined Benefit*)

Type of scheme (e.g. Defined Benefit*)

Pension Value

Pension Value

*An independent report is mandatory for all Defined Benefit schemes that exceed £30,000.



Advisor Information and Checklist

Please provide the details for your adviser and the fee structure agreed

Advisor Name

Advisor Company

Postal Address

Email Address

Initial Transfer Fee

%

Annual Fee

%

FCA Report Fee

Amount to be deducted

Advisor Signature

The below outlines the personal identification documents we require in order to process the application. These documents must either be certified by a trusted referee or verified by the adviser.

Applicant Signature

Identification

Proof of Address

Proof of Bank Account

The below documents are enclosed with this application:

HMRC APSS263 form

Completed Pension Transfer forms

Lifetime Allowance Questionnaire

Sending your application

Please post or courier all original completed forms and supporting documents to our service centre:

Post: PO Box 284, Christchurch 8140, New Zealand

Courier: Level 5, 79 Cashel Street, Christchurch 8011, New Zealand

If your application is urgent, please email a scanned copy of all documents to super@garrisonbridge.co.nz prior to posting the originals.



Acknowledgements – Your Agreement

- I have read and understood the Product Disclosure Statement to which this application form is attached and understand that the terms and conditions of the Trust Deed and any amendments thereto will be binding on me. I agree to accept the Units issued to me by Lifetime Asset Management Limited (**Manager**) as a Unitholder under the Trust Deed and any amendments thereto for those Units. I agree to be bound by the provisions of the Trust Deed (as duly amended from time to time).
- I understand I will not be given advance notice of any product changes that are not materially adverse.
- I acknowledge that the Manager and Adminis Limited (**Registrar**) are subject to anti-money laundering, countering financing of terrorism and sanctions laws (**AML Laws**) in New Zealand. I agree not to do anything that could cause any director or employee of the Manager or Registrar to breach the AML Laws. I agree to provide the Manager with all information and other assistance it reasonably requires to comply with the AML Laws. I agree to indemnify the Manager or the Registrar against any loss each of them suffers as a result of me/us providing incorrect or incomplete information. I agree that neither the Manager nor the Registrar shall be liable to me or anyone else for any refusal to process or delay in processing a transaction I have requested or a suspension of my accounts with the Manager or the Registrar in accordance with the AML Laws. I represent and warrant that I have no cause to believe the funds used to purchase Units in the Fund are the proceeds of crime or will be used to finance terrorism.
- I authorise the correction, use and disclosure of my personal information for the purpose of the assessment of my application and, if accepted, the management and administration of my investment in the Fund. I understand that unless I consent to the correction, use and disclosure of my information, the Manager and the Registrar will not be able to process my application or deliver the relevant products or services.
- I agree that all information about me disclosed in this form may be used by the Manager or disclosed to and used by the Manager, and Public Trust (**Supervisor**) for the purpose of managing the Fund and my holding, including compliance with AML Laws.
- I confirm that I have received a Product Disclosure Statement (12 November 2020) for Garrison Bridge Superannuation Scheme.
- I acknowledge that the return of capital or the performance of the fund is not guaranteed by the Manager, or the Supervisor or any other person, unless otherwise stated.
- I know that I can request such access to and correction of any information held about me by the Manager, the Registrar or the Supervisor. Notwithstanding the foregoing, I acknowledge that where a suspicious transaction report has been made about me, the person who has made that report is not able to give me access to any information about that report (including its existence) and I have no right to request information in that report be corrected. I will inform the Manager of any changes to the information provided by me to the Manager, or the Supervisor. I acknowledge that I may be required to pay a fee to the Manager or an associated person in relation to this application.
- I understand that the Manager, and/or the Supervisor may routinely disclose my personal information to third parties including organisations undertaking compliance functions, those maintaining the Manager's and the Supervisor's information technology systems, organisations providing mailing and printing services and my financial adviser. I represent and warrant that I have no cause to believe the funds used to purchase Units in the Fund are the proceeds of crime or will be used to finance terrorism.
- I accept that the Manager and/or its associates may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly.
- I authorise my financial adviser and my advisers company named in this application to receive and access my personal information for the purposes of managing my investment. Where there is any change relating to my financial adviser, I will notify the Manager in writing.
- I agree to be bound by Garrison Bridge Superannuation Schemes' trust deed and rules made by the Manager from time to time.
- I understand that the benefits under Garrison Bridge Superannuation Scheme are subject to obligations as a QROPS.
- I authorise the initial transfer fee and annual fee to be paid to my adviser indicated in this application.
- I understand that any tax liability in New Zealand or elsewhere that arises as a result of my membership and the payment of a benefit shall be at my expense and my liability. I acknowledge that the Manager is not a tax adviser.
- I declare that the information completed on this forms is true and correct.

Applicant Signature

Date

