

Application For Membership Form

Applicant Details

Mr Mrs Ms Miss Dr Other

Full Name

Date of Birth (DD/MM/YYYY)

Phone Number

Residential Address

City

Country

Postcode

Postal Address (if different from above)

City

Country

Postcode

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/roles/portfolio-investment-entities/find-my-prescribed-investor-rate

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

Country/Jurisdiction of residence – other than NZ, AU or USA

TIN

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 a currency amount (\$/£)** to invest in an individual fund.

NZD Conservative Fund	<input type="text"/>	%	or	\$	<input type="text"/>
NZD Growth Fund	<input type="text"/>	%	or	\$	<input type="text"/>
GBP Conservative Fund	<input type="text"/>	%	or	£	<input type="text"/>
GBP Balanced Fund	<input type="text"/>	%	or	£	<input type="text"/>
GBP Growth Fund	<input type="text"/>	%	or	£	<input type="text"/>
AUD Balanced Fund	<input type="text"/>	%	or	\$	<input type="text"/>

Note: A zero tax rate only applies to investments in the AUD & GBP denominated funds.

Expected Pension Transfer Amount

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.



Adviser Information

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

Adviser Name

Adviser Company

Adviser Postal Address

City

Country

Postcode

Adviser Email Address

Initial Transfer Fee

%

Annual Fee

%

FCA Report Fee

Amount to be deducted (\$)

Adviser Signature

Checklist

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.

1. Identification

To comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we need to verify the identity of all our clients.

5. Completed Pension Transfer Forms

Completed HMRC member information forms and supporting declaration confirming you understand, and agree to the Pension Transfer.

2. Proof of Address

To comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we need to verify the identity of all our clients.

6. Life Allowance Questionnaire

Depending on the nature of your transfer, you may be required to provide further details on the total pension benefits you have received during your lifetime. Your Adviser and the Manager will work with you to complete this form should it be required.

3. Proof of Bank Account

This bank account must be in your name and if this is a joint investment, it must come from a joint investment account.

7. Applicant Signature

Please ensure that the applicant has signed at the bottom of page 5.

4. HMRC APSS263 Form

We use this form to confirm with your current scheme administrator that you wish to transfer your current investments to us as a registered QROPS.



Sending Your Application

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

Post: PO Box 10760, Wellington 6140, New Zealand

Courier: Level 3, 120 Featherston Street,
Wellington 6011, New Zealand

Acknowledgements – Your Agreement

- I have read and understood the Product Disclosure Statement for Passively Managed Fund Options dated 7 July 2023 to which this application form is attached and understand that the terms and conditions of the Trust Deed and any amendments there to will be binding on me. I agree to accept the Units issued to me by Lifetime Asset Management Limited (Manager) as a Unit holder under the Trust Deed and any amendments there to for those Units. I agree to be bound by the provisions of the Trust Deed (as duly amended from time to time).
- The information is being collected by the Manager, whose addresses are in the Product Disclosure Statement for Passively Managed Fund Options, and will be held by, the Custodian and Administration Manager, whose address is Level 1, Inspire House, 125 Featherston Street, Wellington.
- I understand I will not be given advance notice of any product changes that are not materially adverse.
- I acknowledge that the Manager and Admin is 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) and any other entity that is involved in the administration and management of the Fund (including Inland Revenue and any regulatory body) for the purpose of managing the Fund and my holding, including compliance with AML Laws.
- I agree that the Manager, Supervisor and their agents may collect and use the information for these purposes, and to promote other products issued by the Manager.
- I confirm that I have received a Product Disclosure Statement for Passively Managed Fund Options dated 7 July 2023 for the Garrison Bridge Superannuation Scheme.
- I acknowledge that the return of capital or the performance of the fund

Contact Details

Website: www.garrisonbridge.co.nz

Email: super@garrisonbridge.co.nz

Phone: 0800 254 338

is not guaranteed by the Manager, or the Supervisor or any other person, unless otherwise stated.

- I acknowledge and consent to the Manager, and/or the Supervisor, should it be required, to process my personal information in pursuant with General Data Protection Regulation (GDPR). I understand all of the information about me will be stored as required for compliance with the Privacy Act 2020.
- I know that I can request such access to, correction, erasure or restriction of processing of any information held about me by the Manager, the Registrar or the Supervisor. I understand any request made is required to be compliant with the Privacy Act 2020 and, if applicable, the General Data Protection Regulation (GDPR). 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(s) 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 (DD/MM/YYYY)

