

Leveraged Equities

Application Pack

INDIVIDUAL OR JOINT (INCLUDING A SOLE TRADER APPLICANT)

This Application Pack comprises two documents:

1. Client Application Form
2. Declaration as to Purpose

Please complete both documents and return them to us.

LE

1. APPLICANT DETAILS

Primary Applicant

Mr Ms Mrs Miss Dr Other

Full Name:

Preferred Name:

Date of Birth:

DAY			MONTH			YEAR			

Country of Birth:

New Zealand Other (please state):

Countries of Citizenship/Nationality:

New Zealand Other/Additional:

Occupation:

Contact Information:

Mobile:

Phone Other: Home Work

Email:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

New Zealand Other (please state):

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

New Zealand Other (please state):

Tax Details

I certify that I am a tax resident in the following country/countries (please select the country/countries where you are tax resident and supply Tax Identification Numbers (TIN) for those countries):

New Zealand:

--	--	--	--	--	--	--	--	--	--	--	--

(IRD Number)

Australia:

--	--	--	--	--	--	--	--	--	--	--	--

(Tax File Number)

United States:

--	--	--	--	--	--	--	--	--	--	--	--

(Social Security Number)

United Kingdom:

--	--	--	--	--	--	--	--	--	--	--	--

(National Insurance Number)

Other Country (please state):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, are you a United States Person?

Yes No

Individual Status: If you are applying to open both Individual and Joint accounts, the Account Holders will be bound by the Terms and Conditions of this Application Form as both Individual and Joint Account Holders.

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via Leveraged Equities.

Check the box if form is required

If Joint, do you also wish to open an Individual account for this applicant?

Yes No

1. APPLICANT *continued*

Secondary Applicant

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name:

Preferred Name:

Date of Birth:

Grid for Date of Birth with labels DAY, MONTH, YEAR

Country of Birth:

New Zealand Other (please state):

Countries of Citizenship/Nationality:

New Zealand Other/Additional:

Occupation:

Email: By providing your email addresses at any place in this application form you are consenting to receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities' products and services by email.

Contact Information:

Mobile:

Phone Other: Home Work

Email:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

New Zealand Other (please state):

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

New Zealand Other (please state):

Tax Details

I certify that I am a tax resident in the following country/countries (please select the country/countries where you are tax resident and supply Tax Identification Numbers (TIN) for those countries):

Grid for Tax Identification Numbers with labels (IRD Number), (Tax File Number), (Social Security Number), (National Insurance Number), Other Country (please state):

United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, are you a United States Person?

Yes No

Individual Status: If you are applying to open both Individual and Joint accounts, the Account Holders will be bound by the Terms and Conditions of this Application Form as both Individual and Joint Account Holders.

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via Leveraged Equities.

Check the box if form is required

If Joint, do you also wish to open an Individual account for this applicant?

Yes No

If there are more than two individuals/joint applicants, please use the applicable supplementary application sheet, which can be found on our website: www.leveragedequities.co.nz. This must be attached to this Client Application Form when it is submitted.

2. AUTHORISED PERSONS

This section only needs to be completed if you wish to nominate someone to instruct on your account (e.g. in the event you are unavailable or if a margin call occurs) in addition to the Applicant(s) recorded in Section 1.

First Authorised Person details

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name:

Date of Birth:

DAY		MONTH			YEAR				

Country of Birth: New Zealand Other (please state):

Countries of Citizenship/Nationality: New Zealand Other/Additional:

Relationship to Applicant:

Occupation:

Email: By providing your email addresses at any place in this application form you are consenting to receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities' products and services by email.

Contact Information:

Mobile: Phone Other: Home Work

Email:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

2. AUTHORISED PERSON *continued*

Second Authorised Person details

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name:

Date of Birth:

DAY		MONTH			YEAR				

Country of Birth: New Zealand Other (please state):

Countries of Citizenship/Nationality: New Zealand Other/Additional:

Relationship to Applicant:

Occupation:

Email: By providing your email addresses at any place in this application form you are consenting to receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities' products and services by email.

Contact Information:

Mobile: _____ Phone Other: Home Work

Email: _____

Residential Address:

Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state): _____

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box: _____

Suburb/RD No.: _____

Mail Centre: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state): _____

If there are more Authorised Persons, please use the applicable supplementary application sheet, which can be found on our website: www.leveragedequities.co.nz. This must be attached to this Client Application Form when it is submitted.

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES

Please confirm how you intend to use your margin lending facility:

- Occasional shorter term borrowing to fund participation in market opportunities as they arise (e.g. new issues, rights issues and share purchase plans) Yes No
- More regular longer term borrowing aimed at growing and/or diversifying your investment portfolio Yes No
- Withdrawing borrowed funds to your bank account for use in other business/ investment opportunities Yes No

Politically Exposed Person

Is the Applicant(s) (or a person who has an interest in, or who is an Authorised Person on the Account) either:

- an individual who holds, or has held at any time in the preceding 12 months, a **prominent public function** in any country (other than New Zealand); or
- an immediate family member of a person referred to above, including a spouse, partner, child, child's spouse/ partner or a parent.

If 'Yes', please provide details of the public function held and the country:

Prominent Public Function: e.g. head of a country, government minister, senior politician, senior Judge, governor of a central bank, ambassador, high commissioner, high ranking member of the armed forces, or senior position in a State enterprise.

Please provide details of the **origin of your wealth** and evidence e.g. if the origin of your wealth is business income then a copy of the business financial statements:

Origin of wealth: A detailed description of the activity which has generated your net worth, e.g. employment earnings (please specify the nature of your employment), sale of a business (please specify the nature of the business and industry).

Please provide details of the **source of any funds** to be paid into your account with Leveraged Equities:

Source of funds: A description of the origin and means of transfer for monies being paid into their Leveraged Equities account e.g. electronic transfer from their New Zealand bank account.

Please also provide proof of residential address as specified in the Appendix.

Overseas Residents

Only complete this section if we have confirmed the information is required. This section applies only to certain clients whose current residential address is outside New Zealand.

If it has been confirmed we require it, please provide details of the **origin of your wealth** and evidence. For example, if the origin of your wealth is business income, include a copy of the business financial statements.

Origin of wealth: A detailed description of the activity which has generated your net worth, e.g. employment earnings (please specify the nature of your employment), sale of a business (please specify the nature of the business and industry).

If it has been confirmed we require it, please provide details of the **source of any funds** to be paid at account opening into your account with Leveraged Equities and evidence. For example, if the source of funds is the proceeds from an investment, include a confirming document from the company or bank where the investment was made.

Source of funds: A description of the origin and means of transfer for monies being paid into your Leveraged Equities account e.g. electronic transfer from your New Zealand bank account.

Please also provide proof of residential address as specified in the Appendix.

4. BANK ACCOUNT DETAILS

All applicants must complete this section

To enable us to transfer loan proceeds we will require **original** bank account documentation for a New Zealand Dollar bank account and (if you wish to draw funds in Australian Dollars) an Australian Dollar bank account in the same name as the account Applicant(s).

Please provide **ONE** of the following:

- A bank encoded deposit slip with pre-printed details of your bank account name and number
- A bank statement A verification letter or other document of confirmation provided by your bank

We will only make payments to a bank account in the name of the Applicant(s).

Additional information

We may require additional information and/or documentation from you in order to meet the requirements of the Anti-Money Laundering and Countering the Financing of Terrorism Act 2009. We will notify you if we require anything further.

5. TAX DETAILS

New Zealand Tax Residents

Resident Withholding Tax (RWT) is deducted at source at the following rates: Equity securities: 33%, Fixed Interest securities: 28%.

If Exempt, tick the box below and include your Exemption Certificate:

- Exempt

Overseas Tax Residents

Residing in a **Double Tax Agreement** country - Non Resident Withholding Tax (NRWT) is deducted at source at the following rates: Equity securities: 15%; Fixed Interest securities: 10%.

Residing in a Non-Double Tax Agreement country - Non Resident Withholding Tax (NRWT) is deducted at source at the following rates: Equity securities: 30%; Fixed Interest securities: 15%.

Prescribed Investor Rate (PIR) is deducted at source at the following rate (only): PIE securities: 28%.

Double Tax Agreements (DTAs):
To avoid worldwide income being taxed twice, DTAs have been negotiated between New Zealand and many other countries or territories to decide which country or territory has the first or sole right to tax specific types of income. For details visit the DTA section on the IRD website (www.ird.govt.nz/international/residency/dta/double-tax-agreements-index)

6. SHAREBROKER DETAILS

All applicants must complete this section

Which Sharebroking Firm(s) will you be using for the purposes of the Margin Lending Facility?

Name of Adviser(s):

Phone:

7. MAXIMUM LOAN FACILITY REQUESTED

Please confirm the value of the loan facility being requested:

Amount: \$

8. DIVIDEND PAYMENTS

All applicants must complete this section

How would you prefer your dividends?

- Cash Dividend Reinvestment Plan (DRP)

9. TRANSFERRING SECURITY

This section is to be completed by all applicants transferring Securities to us by way of security under the Margin Lending Agreement

Name of Company	Number of Securities	Common Shareholder Number (CSN)	Authorisation Code

10. ESTABLISHMENT FEES

This section applies to all Applicants

A one-off application fee of \$125 is payable to Leveraged Equities Finance Limited for processing this application. Make this payment direct to the bank account below, using the name of the account as reference.

Bank of New Zealand, Auckland
Account number: 02 0100 0044799 000
Account name: Leveraged Equities Finance Limited

11. POWER OF ATTORNEY

Each Borrower for valuable consideration irrevocably appoints Leveraged Equities Finance Limited and every officer of Leveraged Equities Finance Limited, severally, to be the Borrower's attorney ("Attorney") with full power to:

- (a) (at the Borrower's expense) do everything necessary or expedient to give effect to any transaction or other thing contemplated by the Margin Lending Facility with Leveraged Equities Finance Limited, including without limitation, executing, amending, completing any blanks in any document and doing anything which, in the Attorney's opinion, is desirable to protect Leveraged Equities Finance Limited's interests under the Margin Lending Facility (even if the Attorney has a conflict of duty in doing so, or has a direct or personal interest in the means or result of the exercise of any of the Attorney's powers); and
- (b) delegate the Attorney's powers to any person for any period and to revoke a delegation, and to appoint one or more substitute Attorney's to exercise any of the powers given to the Attorney (each such substitute attorney shall be also an "Attorney");

and each Borrower ratifies anything done by the Attorney or any delegate in accordance with this clause.

12. SIGNATURE AND DISCLOSURE

Every person named as one of the Account Holders or as an Authorised Person must initial next to each statement in the space provided.

- (a) I/We hereby declare that the information given herewith in support of my/our application for a Margin Lending Facility with Leveraged Equities Finance Limited is true and correct, and is not misleading (including by omission). _____
- (b) I/We acknowledge that I/we have received a disclosure copy of the Leveraged Equities Finance Limited's "Make the Most of Your Potential" Brochure incorporating the terms and conditions of the Margin Lending Facility ("the Brochure") and the Product Disclosure Statement for the Margin Lending Facility ("PDS"). I/We have read and understood the Brochure and the PDS and agree to be bound by the terms and conditions contained within the Brochure. _____
- (c) I/We will advise Leveraged Equities Finance Limited if any of our tax details change. _____

Every person named as one of the Account Holders must initial next to each statement in the space provided.

- (a) I/We acknowledge that I/we wish to apply for a Margin Lending Facility with Leveraged Equities Finance Limited. _____
- (b) I/We hereby declare that the information given herewith in support of my/our application for a Margin Lending Facility with Leveraged Equities Finance Limited is true and correct, and is not misleading (including by omission). _____
- (c) I/We acknowledge that I/we agree to Leveraged Equities Finance Limited obtaining, using and exchanging personal credit information about me/us for the purposes of applying for and maintaining a Margin Lending Facility with Leveraged Equities Finance Limited. _____
- (d) I/We confirm that I/we have disclosed to all persons whose personal information I/we have included in this application form of the fact that their personal information has been disclosed to Leveraged Equities Finance Limited as part of this application, the purpose for which it is collected, who it may be shared with, their rights of access, our identity, and how to contact Leveraged Equities Finance Limited _____
- (e) I/We have read and understand the risks associated with operating a Margin Lending Facility. _____
- (f) I/We have funds or additional securities available should a margin call be made. _____
- (g) I/We understand that my securities may be sold to clear a margin call. _____
- (h) I/We acknowledge that I/we am/are required to make a declaration that any credit to be provided under the Margin Lending Facility is to be used wholly or predominantly for business and/or investment purposes (using the separate form in the Application Pack). I/We confirm that I/we have read and understood the declaration. _____
- (i) I/We understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply. _____
- (j) I/We have obtained the necessary consent and authorisation to allow disclosure and use of information provided in the Tax Residency Self Certifications. _____
- (k) I/We will notify Leveraged Equities Finance Limited of any changes to any information within 30 days of the change occurring and, where required, will provide Leveraged Equities with a new self-certification of tax residency. _____

In accordance with the Privacy Act 2020, Leveraged Equities Finance Limited is authorised to:

- | | |
|---|--|
| <ul style="list-style-type: none"> (a) Collect and hold personal information about me/us for the purposes of carrying out my/our instructions, administering my/our account, operating the Margin Lending Facility and for Leveraged Equities Finance Limited's own marketing purposes. (b) Record all telephone conversations between me/us and Leveraged Equities Finance Limited for the purpose of verification of instructions, administrative and training purposes. (c) Disclose information about me/us where required under any relevant regulations or legislation and to any of the people set out in the Brochure. (d) Disclose information about me/us to the authorised agents named in this document. I/We agree that margin calls may be made to the authorised agents. | <ul style="list-style-type: none"> (e) Request me/us at any time to provide the names of one or more credit references to assist in assessing my/our credit worthiness, and to exchange credit information about me/us with them and with credit reporting agencies at any time. (f) Terminate my/our account with Leveraged Equities Finance Limited and/or suspend its services to me/us if I/we fail to provide Leveraged Equities Finance Limited with any relevant information that it requests from me/us. (g) Collect, hold, and disclose any personal information about me/us, or any authorised agent that has been provided to you for the purposes of you meeting your obligations under any laws described in clause 17.17 of the terms and conditions contained in the Brochure. |
|---|--|

I am/We are entitled to see, and to have corrected any information Leveraged Equities Finance Limited holds about me/us. I/We agree that, where I/we have given an email address in this Application Form, Leveraged Equities Finance Limited can send formal notices to me/us at that email address.

14. SIGNATURE AND DISCLOSURE *continued*

Instructions for Signing

- **Every person** named as one of the Account Holders or as an Authorised Person must sign below
- Where a person signs on behalf of another as their Attorney, a copy of the Power of Attorney must be provided, and a signed and completed certificate of non-revocation of power of attorney must accompany this Application Form.

Name:

Signature: _____ Date:

DAY		MONTH			YEAR				

Name:

Signature: _____ Date:

DAY		MONTH			YEAR				

Name:

Signature: _____ Date:

DAY		MONTH			YEAR				

Name:

Signature: _____ Date:

DAY		MONTH			YEAR				

13. SUPPLEMENTARY APPLICATION SHEETS

I/We have attached the following supplementary application sheets to this Application Form (tick as applicable):

- Applicant supplementary application sheet.
- Acting on behalf of customer (Authorised Person) supplementary application sheet.
- Beneficial owner supplementary application sheet.
- Power of attorney supplementary application sheet.

Checklist

- Fully completed Application Form and Declaration as to Purpose.
- Any supplementary application sheets as above.
- Establishment fee for applicant(s).
- Copies of all documentation referred to in *Appendix: Proof of Identity and Address Verification Requirements*
- Original bank slips.

Please send your application to:

Leveraged Equities Finance Limited, PO Box 621, Wellington 6140, or deliver to Level 22, NTT Tower, 157 Lambton Quay, Wellington.

APPENDIX: PROOF OF IDENTITY REQUIREMENTS

As part of the account set-up process we are required to verify the identity of each Applicant and Authorised Person associated with this account. There are several documents required which depend on the situation. This is outlined below. Please ensure all identification documents provided are current at the time of presentation. We also require proof of residential address if you are required to complete the Source of Wealth/Funds information.

Proof of Identity requirements

We require the original for verification or a **certified copy** of:

- A current New Zealand Passport
- A current New Zealand Firearms Licence
- Overseas passport or a similar document issued for the purpose of international travel which:
 - contains the name, date of birth, a photograph and the signature of the person in whose name the document is issued; and
 - is issued by a foreign government, the United Nations or an agency of the United Nations.
- A national identity card issued for the purpose of identification, that:
 - contains the name, date of birth and a photograph of the person in whose name the document is issued and their signature or other biometric measure included where relevant; and
 - is issued by a foreign government, the United Nations or an agency of the United Nations.

If you can't provide any of those forms of identification, you need to provide the original for verification or a **certified copy** of your current New Zealand Driver Licence (showing both sides of the Licence), PLUS the original for verification or a **certified copy** of ONE of these documents:

- Your Birth Certificate or Citizenship Certificate
- Kiwi Access Card (formerly the 18+ Card)
- A Government agency document with your full name and signature (e.g. SuperGold Card)
- A Government agency statement dated within the last 12 months (e.g. IRD statement)
- A document issued by a registered bank showing your name and signature (e.g. credit/debit card, eftpos card)
- A bank statement dated within the last 12 months issued by a registered bank (delivered by mail, not via internet banking)

Proof of Residential Address Requirements (These documents are only required if you completed the Source of Wealth/Funds information).

We require a copy of ONE of these documents, dated within the last 12 months with your name and address displayed on it:

- Utility Bill – the address listed as the address for the fixed service must match the residential address details you have provided
- Rates Bill – the address listed as the property location must match the residential address details you have provided
- Telephone Bill – for landline or broadband services only; mobile phone bills are not accepted
- Bank Statement or Letter – issued by a registered bank and printed on official bank letterhead
- House and/or Contents Insurance Policy
- Share Registry Statement
- KiwiSaver or Superannuation Correspondence - must be issued by a provider other than Forsyth Barr
- Electoral Roll Entry
- Online White Pages Entry
- Document Issued by a New Zealand Government Agency – refer to the list of agencies at www.govt.nz/organisations
- Local Council or Government Letter
- Retirement Home Correspondence
- Tenancy or Lease Agreement – signed by both the landlord and tenant(s)
- Correspondence from a New Zealand Educational Institution – includes letters from boarding hostels, halls of residence, or homestay confirmations, as well as posted fee invoices or receipts

Certified copy of a document

A 'certified copy' of a document is one where a trusted referee has viewed the original document and compared it with a scanned or photocopied version. The trusted referee provides a written statement on the copy to the effect that the copy provided is a true and correct copy and represents your identity. The trusted referee's written statement must include their name, occupation, and signature and the date of confirmation. Please note: This confirmation is only valid for three months.

A 'Trusted Referee' is someone who:

- is at least 16 years old
- is not your spouse or partner
- is not related to you
- does not live at the same address as you
- is not involved in the business or transaction requiring the certification

They must be a:

- Commonwealth representative
- New Zealand Police Constable
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- Minister of Religion
- Lawyer
- Notary Public
- New Zealand Honorary Consul
- Member of Parliament
- Chartered Accountant
- Kaumātua (both Koroua and Kuia)

Leveraged Equities

Declaration

Each Applicant who is an individual must sign below. Where the Applicant is a Trust, each individual named as one of the Trustees must sign below.

Declaration

I hereby declare for the purposes of section 14 of the Credit Contracts and Consumer Finance Act 2003 that any credit provided under the Leveraged Equities Margin Lending Facility is to be used by me wholly or predominantly for business or investment purposes (or for both purposes).

I confirm by signing below that I have read and understood this declaration.

Name:

Signature:

Date:

DAY		MONTH			YEAR				

Name:

Signature:

Date:

DAY		MONTH			YEAR				

Name:

Signature:

Date:

DAY		MONTH			YEAR				

Name:

Signature:

Date:

DAY		MONTH			YEAR				



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