

Discovery Profile

Trust/Deceased Estate/Company

A guide to understanding your investment needs.



Client Account Name |

Client Account Number (existing client) |

Adviser Name |

We acknowledge that some of the questions in this form may be sensitive, and you are not obligated to answer all of them. However, the more information you provide will enable your Investment Adviser to develop a more thorough investment proposal.

A Details of the Trust/Deceased Estate/Company - referred to as the 'Entity' in this document

A1 Account

Trust

Deceased Estate

Charitable Trust

Company

Name of Entity |

Postal Address |

Postcode | | | | |

Date of Trust Deed (if applicable) |

DAY

MONTH

YEAR

A2 First Trustee, Executor or Director

Mr

Mrs

Miss

Ms

Dr

Other

Surname |

First Name(s) |

Middle Name(s) |

Preferred Name (if different from above) |

Physical Address |

Postcode | | | | |

Postal Address (if different from above) |

Postcode | | | | |

Country of Residence New Zealand Other (please specify) |

Please complete each section below and tick one box for your preferred method of contact:

Telephone: Home |

Mobile |

Telephone: Work |

Facsimile |

E-mail |

Date of Birth |

DAY

MONTH

YEAR

Occupation |

Are you solely authorised to act on behalf of the Entity?

Yes

No (if no, complete Section E)

Are you authorised to instruct on the Account? (i.e: an Authorised Person) |

Yes

No

Are you aware of or have knowledge of Section 13E of the Trustee Act 1956? (if applicable) |

Yes

No

If there are additional Trustees, Executors or Directors please complete Section E on page 6.

A3 Source

Please indicate how you first became aware of Craigs Investment Partners

- | | |
|---|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Referral from a friend or family member |
| <input type="checkbox"/> Referral from a professional firm | Name of firm |
| <input type="checkbox"/> You personally know the Investment Adviser | <input type="checkbox"/> Market commentary on television/radio/newspaper |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Craigs Investment Partners website |

A4 Decision Making and Communications

- Single Authorisation - Tick if any one authorised Trustee, Executor or Director can instruct a transaction on this account.
- Multiple Authorisation - Tick if more than one Trustee, Executor or Director must authorise a transaction on this account. Please indicate below which Trustees, Executors or Directors (including any authorised persons) are required to jointly authorise a transaction.

Should the Trustee, Executor or Director receive communications relating to transactions? (Please refer to Section A2 and E for preferred method of contact)

Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B Financial Needs and Goals (of the Entity)

B1 Purpose of the Entity - Investment Objectives

What are the overall investment objectives of the Entity?

INVESTMENT TIME FRAME

- | | | |
|--|--|-------|
| <input type="checkbox"/> Wealth Accumulation | | years |
| <input type="checkbox"/> Wealth Protection | | years |
| <input type="checkbox"/> Major Purchase | | years |
| <input type="checkbox"/> Generate Income | | |
| <input type="checkbox"/> Other (please describe) | | |

Anticipated Duration of the Trust (if applicable) | years

Additional Information (e.g: origin on funds, the purpose of the Entity, what will happen to the assets when the Entity is wound up) |

B2 Details of the Beneficiaries (if applicable)

Name	Date of Birth
	DAY MONTH YEAR
<input type="checkbox"/> Final <input type="checkbox"/> Discretionary <input type="checkbox"/> Income	
Country of Residence	<input type="checkbox"/> New Zealand <input type="checkbox"/> Other (please specify)

Name	Date of Birth
	DAY MONTH YEAR
<input type="checkbox"/> Final <input type="checkbox"/> Discretionary <input type="checkbox"/> Income	
Country of Residence	<input type="checkbox"/> New Zealand <input type="checkbox"/> Other (please specify)

If there are additional beneficiaries please complete Section F on page 10.

B3 Initial Value of Proposed Investment

How much does the Entity have to invest?

Cash | \$
 Existing Investments/Portfolio | \$

Notes (to describe assets)

B4 Investment Needs and Goals

What are the Entity's short to mid term investment needs and goals (1-5 years)?	1 = MOST IMPORTANT 5 = LEAST IMPORTANT
NEEDS/GOALS	ESTIMATED AMOUNT REQUIRED
	PRIORITY IN TERMS OF IMPORTANCE
	\$ 1 2 3 4 5
	\$ 1 2 3 4 5
	\$ 1 2 3 4 5
	\$ 1 2 3 4 5

What are the Entity's long term investment needs and goals (5 years +)?	1 = MOST IMPORTANT 5 = LEAST IMPORTANT
NEEDS/GOAL	ESTIMATED AMOUNT REQUIRED
	PRIORITY IN TERMS OF IMPORTANCE
	\$ 1 2 3 4 5
	\$ 1 2 3 4 5
	\$ 1 2 3 4 5
	\$ 1 2 3 4 5

B5 Other Investment Requirements

1 Will there be any specific liquidity requirements?

Yes (please specify below)
 No

2 Will there be any investment restrictions on this portfolio? (i.e are there any individual securities, industry groups, geographies or ethical considerations that should not be selected?)

Yes (please specify below) No

C Financial Situation (of the Entity)

C1 Assets and Liabilities

Assets

DESCRIPTION	VALUE	BORROWINGS
<input type="checkbox"/> Cash/Term Deposits	\$	\$
<input type="checkbox"/> Fixed Interest/Debentures	\$	\$
<input type="checkbox"/> Share Portfolio	\$	\$
<input type="checkbox"/> Managed Fund	\$	\$
<input type="checkbox"/> Property - Residential	\$	\$
<input type="checkbox"/> Property - Commercial	\$	\$
Other (please specify)	\$	\$
Other (please specify)	\$	\$
Other (please specify)	\$	\$
Total Value (value and borrowings)	\$	\$

Tax Rate to be applied to this Entity (e.g. is the income distributed to the beneficiaries or taxed within the Entity?) |

Liabilities (e.g business loan, overdraft)

Does the Entity have any current liabilities?

Yes No

BORROWINGS

\$

\$

Total Liabilities

\$

Total Net Worth (total value, less total borrowings and liabilities)

\$

C2 Professional Advisers

	Name	Trustee of the Entity? (if applicable)
<input type="checkbox"/> Solicitor	Name	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Accountant	Name	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (please specify)	Name	<input type="checkbox"/> Yes <input type="checkbox"/> No

D Risk Profile of the Entity

Selecting the right investments

All investments involve a trade-off between risk and return. A certain amount of risk is inevitable if you want your money to grow. The key is determining how much risk you feel comfortable with.

Definition of Risk: The risk that the value of a portfolio will decrease due to the change in value of the market factors.

1 In investment risk terms, is the Entity?

- | | |
|---|---|
| <input type="checkbox"/> Very conservative, with a high level of security | <input type="checkbox"/> Willing to take some risk to improve returns |
| <input type="checkbox"/> Fairly conservative, but with a view to returns | <input type="checkbox"/> Willing to take more risk to improve returns |

2 Choose the statement that best describes how the Entity's Investment Portfolio should be structured.

- An investment portfolio with virtually no risk, recognising there may be no capital growth potential
- An investment portfolio of lower to medium-risk funds that offers conservative growth potential
- An investment portfolio of medium-risk funds that offers balanced growth potential over a medium term
- An investment portfolio of medium to higher-risk funds with higher potential returns over a longer term
- An investment portfolio with higher-risk investments that offer the highest potential returns over the longer term

3 What is the investment time frame?

- | | |
|--|---|
| <input type="checkbox"/> Less than 5 years | <input type="checkbox"/> 5 - 7 years |
| <input type="checkbox"/> 8 - 10 years | <input type="checkbox"/> More than 10 years |

Name |

Signature |

Date |

DAY

MONTH

YEAR

Name |

Signature |

Date |

DAY

MONTH

YEAR

Name |

Signature |

Date |

DAY

MONTH

YEAR

Name |

Signature |

Date |

DAY

MONTH

YEAR

Name |

Signature |

Date |

DAY

MONTH

YEAR

Thank you for taking the time to complete this Discovery Profile. The information you have disclosed will remain confidential to Craigs Investment Partners.

If you do not currently have a Craigs Investment Partners Adviser and would like to discuss this Discovery Profile, you can contact your nearest branch by calling **0800 272 442** or visit our website **www.craigsip.com**

E Additional Trustees, Executors or Directors (if applicable)

Additional Trustee, Executor or Director

Mr Mrs Miss Ms Dr Other

Surname |

First Name(s) |

Middle Name(s) |

Preferred Name (if different from above) |

Physical Address |

Postcode | | | | |

Postal Address (if different from above) |

Postcode | | | | |

Country of Residence New Zealand Other (please specify) |

Please complete each section below and tick one box for your preferred method of contact:

Telephone: Home Mobile |

Telephone: Work Facsimile |

E-mail |

Date of Birth | DAY MONTH YEAR

Occupation |

Are you authorised to instruct on the Account? (i.e.: an Authorised Person) | Yes No

Are you aware of or have knowledge of Section 13E of the Trustee Act 1956? (if applicable) | Yes No

BRANCH DIRECTORY

Craigs Investment Partners

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