Application Form

Managed Portfolio Service

A Account Details

Name of existing Craigs Investment Partners Account

Client Account Number

B Client Details

Full Name(s) of Individual(s) OR Trustees OR Executors OR Company Name and Directors OR Partners OR Officers

Name of Primary Contact for this Managed Portfolio Service Account

Primary Postal Address
This is the address that we will use for all correspondence to you.

Primary E-mail
This is the e-mail address that we will use for all emails to you. You may elect to receive contract notes by e-mail and these will be sent to this e-mail address.

Primary Postal Address

Postcode

Primary E-mail

C Taxation Information for the Account

Please contact your tax advisor if you have any queries regarding this Section C.

RWT Rate
Select one option.

New Zealand residents

IRD Number

Please deduct Resident Withholding Tax (RWT) at the rate of:

☐ 10.5% ☐ 17.5% ☐ 28% ☐ 30% ☐ 33% ☐ Other (please specify)

☐ Exempt (please provide a copy of the RWT exemption certificate).

Overseas Residents
Select all options that apply.

Overseas residents

What is your country of residence for tax purposes?

☐ Non-Resident Withholding Tax (NRWT) to be deducted and/or

☐ Approved Issuer Levy to be applied.

D Portfolio Reporting

How often do you wish to receive your portfolio review reports?

☐ Quarterly ☐ Six-monthly

Please advise your financial year:

☐ 1 April to 31 March ☐ Other (please specify)

Do you want us to send your end-of-year summary report to your accountant?

☐ Yes ☐ No

If YES, please give details of your accountant below:

Accountant's Name

Telephone

Firm

Address

Postcode

Email

CRAIGS® INVESTMENT PARTNERS

E Securities Registration Information

CSN(s) |

Authorisation code(s) |

Australian SRN(s) |

F Cash Management Account

Do you have a Craigs Investment Partners Cash Management Account?

Yes No

If NO, please complete a Craigs Investment Partners Cash Management Account Application Short Form.

G Applicant Signatures

I/we confirm that I/we:

1. Have received and read a copy of the Disclosure Statement for my/our Craigs Investment Partners Advisor for the purposes of Part 4 of the Securities Markets Act 1988;
2. Have received a copy of the Terms and Conditions;
3. Agree to be bound by the Terms and Conditions;
4. Authorise Craigs Investment Partners to debit the Fees for this service from my/our Craigs Investment Partners Cash Management Account at the end of each quarter.
5. Have read and understand the risk warnings set out in Clause 16 of the Terms and Conditions;
6. Agree to be bound by any terms and conditions of a nominee holding Securities on my/our behalf as bare trustee.

Applicant Signatures
To be signed by person(s) authorised to operate on the Account.

Capacity
Please enter the 'Capacity' in which you are signing this application form i.e. Self; Attorney for the Client; Parent or Guardian for a Minor; Director; Partner; Officer; Trustee; Executor; Witness.

Full Name |

Capacity |

Signature | Date |

DAY MONTH YEAR

Full Name |

Capacity |

Signature | Date |

DAY MONTH YEAR

Notes

OFFICE USE ONLY

Branch |

Advisor |

Account Set-up Information

Brokerage Code or Percentage |

All stock & cash to be transferred?

Yes No

Asset Allocation

% Aust shares % Cash % Fixed Interest

% Int property % Int shares % NZ shares

% Property

Are all stock positions to be loaded up at zero, original cost (if available) or today's market value?

Zero Cost Market

Actions

1. Ensure existing portfolio details in ACE match the client's holdings before sending a copy of this form to Custodial Services Ltd.
2. Note for Custodial, if loading at zero cost ensure AXYS are informed to also load at zero.

CRAIGS INVESTMENT PARTNERS