

This completed Portfolio Selection Guide should be returned to your nearest Craigs Investment Partners branch or to:

START®  
Craigs Investment Partners Limited  
Freepost 366  
PO Box 13155  
Tauranga 3141

Tel 0800 878 278

If you have any questions or require more details regarding your portfolio selection please contact your Craigs Investment Partners Advisor.

Investment Advisor

Client Account Number

Client Name | \_\_\_\_\_

Date | \_\_\_\_\_

DAY MONTH YEAR

## Information about you

Please note that this information is not compulsory, but will help us understand your investing needs.

Are you  Male  Female

Marital status  Single  Married  Long term relationship  Other | \_\_\_\_\_

Do you have any children  Yes  No If YES, how many | \_\_\_\_\_

## Your Particular Needs

Do you have particular needs that your Investment Advisor should be aware of, or any events that are likely to occur in the short-term that will have an effect on your ability to contribute into mySTART®?

## Your Investment Information

When it comes to investing, would you describe yourself as having

No experience  Limited experience  Moderate experience  Extensive experience

Please list the type of investments with which you have previous experience | \_\_\_\_\_

Do you have a Registered New Zealand superannuation scheme  Yes  No

Do you have a KiwiSaver Scheme  Yes  No

Do you have an overseas pension/superannuation scheme  Yes  No

What other types of investments do you currently have | \_\_\_\_\_

What is the (approximate) total value of your investment assets\* in \$NZ

Less than \$100,000  \$100,000 - \$249,999  \$250,000 - \$499,999

\$500,000 - \$749,999  \$750,000 - \$999,999  \$1,000,000 or more

\*Investment Assets – includes cash on hand, investment properties, shares, fixed interest, managed funds or any other investments.

## Your Financial Information

What is your occupation? | \_\_\_\_\_

What is your gross annual income/salary in \$NZ

Less than \$50,000  \$50,000 - \$99,999  \$100,000 - \$149,999

\$150,000 - \$199,999  \$200,000 - \$249,999  \$250,000 or more

What annual income would you realistically need in retirement to live comfortably | \_\_\_\_\_

## How to identify which portfolio may suit you best

To complete the following questionnaire:

Tick the response that is most appropriate, then add the highlighted numbers that correspond to each of your ticked responses – only one number/response per question.

1. What age bracket are you in?

- 1  Over 55 years
- 4  45 to 55 years
- 7  35 to 45 years
- 10  Under 35 years

2. What is your investment time frame?

- 1  Less than 5 years
- 4  Between 5 & 7 years
- 7  Between 8 & 10 years
- 10  Greater than 10 years

3. Investment funds may rise and fall in value. Which statement best describes your feelings towards fluctuations in value?

- 1  I wish to preserve my capital and am unwilling to accept any decline in the value of my investment.
- 3  I can accept only marginal fluctuations in the value of my investments.
- 5  I understand that pursuing higher returns may mean accepting fluctuations in the value of my investments.
- 7  I can accept a reasonable degree of fluctuations in the value of my investments.
- 10  My aim is to achieve long-term growth. I can accept a higher degree of fluctuations in the value of my investments.

4. Choose the statement that best describes your feelings towards investments.

- 1  I prefer an investment portfolio with virtually no risk, recognising there may be no capital growth potential.
- 3  I prefer an investment portfolio of lower to medium-risk funds that offers conservative growth potential.
- 5  I prefer an investment portfolio of medium-risk funds that offers balanced growth potential over a medium term.
- 7  I prefer an investment portfolio of medium to higher-risk funds with higher potential returns over a longer term.
- 10  I prefer higher-risk investments that offer the highest potential returns over the longer term.

### Your Total Score |

Your Portfolio (from your score)

If you scored:

- Less than 15 consider the **Fixed Interest Fund** or the **Conservative Fund**
- Between 16 and 29 consider the **Balanced Fund**
- More than 30 consider the **Balanced SRI Fund**, the **Growth Fund** or the **Equity Fund**
- More than 30 - and you have more than \$50,000 to invest and wish to personalise your investment, consider a **Personalised Portfolio**

Please bear in mind that this is only a guide. If you have completed this guide, and would like to discuss your findings and investment opportunities, contact your Craigs Investment Partners Advisor or call the **START®** team on **0800 878 278**.

### Your Total Score

Add the highlighted numbers that correspond to each of your ticked responses for questions 1 to 4.

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**Full Name**

This includes your First Name, Middle Name(s), Last Name - please do not use initials or abbreviations.

**Primary Postal Address**

This is the address that we will use for all correspondence regarding your mySTART® Account.

**IRD Number**

In the case of a joint application, please provide the IRD number and tax rate of the applicant who is in the highest tax band.

**PIR**

PIR is the rate at which income from a PIE will be taxed and is based on your taxable income. If you need more information on PIR, visit [www.craigsip.com](http://www.craigsip.com).

Investment Advisor

Client Account Number

Please tick this box if you are a new client to Craigs Investment Partners Limited. You will also need to complete a Craigs Investment Partners Client Agreement Form.

**A Account for Individual, Joint Applicants or a Minor (individual under 18 years)**

A parent or guardian must complete Section A1 of this application form for an account opened on behalf of a minor. Details of the minor will need to be completed in Section A2.

**A1 Individual or First Joint Applicant**

Mr  Mrs  Miss  Ms  Dr

Full Name |

Date of Birth |

DAY MONTH YEAR

**A2 Second Joint Applicant or Minor (individual under 18 years)**

Mr  Mrs  Miss  Ms  Dr

Full Name |

Date of Birth |

DAY MONTH YEAR

**A3 Account for a Trust or Company**

Full Name of Trust or Company |

Full Name of Trustees/Directors |

- 1.
- 2.
- 3.

**A4 Primary Contact Details for the Account**

Name of Primary Contact |

Primary Postal Address |

Postcode |

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

Telephone: home  Mobile

Telephone: work  Facsimile

E-mail |

**A5 Taxation Information for the Account**

Please ensure the IRD number belongs to the account holder.

IRD Number |

Prescribed Investor Rate (PIR):  12.5%  21%  30%  Other |

Resident Withholding Tax (RWT) Election Rate

12.5%  21%  30%  33%  38%

Exempt - please provide a copy of the RWT exemption certificate.

Other (please specify) |

(Please specify)

**Contributions**

Your contributions will not be invested until you have provided an investment direction.

**B Portfolio Selection**

Please select the Portfolio you would like your mySTART® contributions to be invested in:

- The Defined Portfolio/s unit trusts and/or individual securities
- The contribution amount; regular, lump sum or both
- Your preferred Investment date
- The commencement date of contributions

**Personalised Portfolio**

Please contact your Investment Advisor to discuss a Personalised Portfolio. If you do not currently have an Investment Advisor, contact Craigs Investment Partners on 0800 272 442 to make an appointment at your local branch. If you have already discussed a Personalised Portfolio with your Investment Advisor, please indicate the individual securities you would like to contribute to below.

**Defined Portfolios**

If you are investing into a Defined Portfolios unit trust please confirm that you have received and read the Defined Portfolios Investment Statement by ticking this box

Commencement date | \_\_\_\_\_

Defined Portfolio	Regular Contribution	Lump Sum Contribution	Investment Date				
			5th	10th	15th	20th	25th
Fixed Interest Fund	\$	\$					
Conservative Fund	\$	\$					
Balanced Fund	\$	\$					
Balanced SRI Fund	\$	\$					
Growth Fund	\$	\$					
Equity Fund	\$	\$					

**Personalised Portfolio - please list securities below**

	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
<b>Total regular and/or lump sum contributions</b>	\$	\$					

**Personalised Portfolio**

Include your Individual securities if relevant under 'Personalised Portfolio'.

## C Source of Funds

### Regular contribution funds are to be sourced from:

- Nominated bank account - please complete the Direct Debit form
- Craigs Investment Partners Equities Account
- Craigs Investment Partners Cash Management Account - please complete the Cash Management Authority to Deduct section below.
- Deduct from wages - please contact the START® team on 0800 878 278

### Lump sum contribution funds are to be sourced from:

- Cheque attached - payable to 'Craigs Investment Partners Client Funds Account' and crossed 'non-transferable'
- Craigs Investment Partners Equities Account
- Craigs Investment Partners Cash Management Account - please complete the Cash Management Authority to Deduct section below.
- Deduct from wages - please contact the START® team on 0800 878 278

## Craigs Investment Partners Cash Management Authority to Deduct

If contributions are to be sourced from a Craigs Investment Partners Cash Management Account other than your own, the owner of this account must complete this authority to deduct section.

### To Craigs Investment Partners Cash Management,

I/we hereby authorise you, until further notice, to debit my/our account for the contributions as detailed below:

Craigs Investment Partners Cash Management Account Name |

Craigs Investment Partners Cash Management Account Number |

Contributions on behalf of:

mySTART® Account Name |

mySTART® Account Number |

mySTART®

### Account Number

If unknown, Craigs Investment Partners to complete.

### Authorised Signature/s

Please ensure for accounts with more than one signatory, that all signatures are obtained.

### Authorised Signature/s

Full Name |

Signature |

Date |

DAY MONTH YEAR

Full Name |

Signature |

Date |

DAY MONTH YEAR

Investment Advisor

Client Account Number

## D Applicant signatures

I/we request that Craigs Investment Partners open a mySTART® Account in the name of the applicant.

I/we confirm that I/we:

1. Have received a copy of the Terms and Conditions Applying to Services Provided to Clients of Craigs Investment Partners ("the Terms and Conditions") and Disclosure of Money and Property Handling Procedures Pursuant to the Securities Markets Act 1988;
2. Agree to be bound by the Terms and Conditions;
3. Have read and understood the clause on risk warnings set out in the Terms and Conditions;
4. Agree to be bound by any terms and conditions of a nominee holding Securities on my/our behalf as bare trustee;
5. Agree that fees will be debited to my/our mySTART® account;
6. I/we appoint Custodial Services Limited to hold my/our mySTART® securities on my/our behalf as bare trustee and Custodial Services Limited agrees to hold my/our mySTART® Securities on terms and conditions set out in the Terms and Conditions;
7. Confirm that my/our contributions are to be invested as indicated in Section B of the Application Form.
8. Confirm that the information supplied on this form is correct;

I/we acknowledge that:

1. Craigs Investment Partners Investment Management Limited may review the Defined Portfolios (as detailed in our current Defined Portfolios Investment Statement) from time to time;

### Individual or first joint applicant

Full Name				
Capacity				
Signature	Date	DAY	MONTH	YEAR

### Second joint applicant

Full Name				
Capacity				
Signature	Date	DAY	MONTH	YEAR

### Witness (only required for Companies that have only one Director)

Full Name				
Capacity				
Signature	Date	DAY	MONTH	YEAR

#### Signing as Attorney

If you are signing this application form as attorney for an applicant, please contact Craigs Investment Partners to obtain a Certificate of Non-Revocation of Power of Attorney, that must be signed in conjunction with this application form.

#### 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.

#### For a Trust

All trustees must sign.

#### For a Company

If there is one director, that director must sign and have their signature witnessed. If there are two or more directors, two directors must sign.

# Direct Debit Form

This completed Direct Debit Form (if applicable) should be returned to your nearest Craigs Investment Partners branch or to:

mySTART®  
Craigs Investment  
Partners Limited  
Freepost 366  
PO Box 13155  
Tauranga 3141

Tel 0800 878 278

## Investment Date

Your investment date should match your contribution investment date in Section B of the mySTART® Application Form.

## mySTART®

### Client Account Number

If unknown, Craigs Investment Partners to complete.

Investment Advisor

Client Account Number

This form is to be completed if you have selected to make contributions direct from a nominated account in Section C.

## Authority to Accept Direct Debits (Not to operate as an assignment or agreement)

Name of Account (to be debited)				
Account Details				
BANK	BRANCH	ACCOUNT NUMBER	SUFFIX	
Authorisation Code   0   6   0   5   9   0   7		Date		
		DAY	MONTH	YEAR

### To The Bank Manager,

Bank Name
Bank Branch

I/we authorise you until further notice in writing to debit my/our account with all amounts which Craigs Investment Partners, the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/we acknowledge and accept that the Bank accepts this Authority only upon the conditions listed on the rear of this form.

### Investment Date for Direct Debit

Please indicate the day of the month you would like this Direct Debit to be deducted from your account. If this day falls on a non business day, the Direct Debit will take effect on the next business day.

Investment Date	<input type="checkbox"/> 5th	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th
mySTART® Client Account Name					
mySTART® Client Account Number					

Before signing this direct debit form please ensure you have read the conditions overleaf.

### Authorised Signature/s

Full Name	
Signature	Date
	DAY MONTH YEAR
Full Name	
Signature	Date
	DAY MONTH YEAR

### FOR BANK USE ONLY

Date received	APPROVED	BANK STAMP
Recorded by	<b>0590</b>	
Checked by	<b>06 96</b>	

## CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

### 1. The Initiator:

- (a) Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. This notice will be provided either:
  - (i) in writing; or
  - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

**The notice will include the following message:**

The amount of \$..... was direct debited to your bank account on ..... (initiating date).

- (b) May, upon the relationship, which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

### 2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of the termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank. PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

### 3. The Customer acknowledges that:

- (a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy, or other revocation of this Authority until actual notice of such event is received by the Bank.
- (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other dispute lies between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:
  - the accuracy of information about Direct Debits on Bank statements
  - any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

### 4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this Authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time to time.