

PART A: KNOW YOUR CLIENT AGREEMENT Account Details For

TRUSTS & ESTATES

(Please complete in full and tick where appropriate)

Trust Details			
Full Legal Name of Trust:			("the Trust")
Date of Trust Deed: Co	mmon Shareho	older Number (CSN):	
Mailing Address:)
Contact Name:		Pos	ition:
Contact Details: S Work:	A Home:		Mobile:
Facsimile:	Email:		
Details of all Trustees:			
Surname:	Firs	t Names:	and the same of th
Title: Mr Mrs Miss Ms Other:		Occupation:	
Mailing Address:			A Principal Control of the Control o
Contact Details: S Work:	A Home:	EV	Mobile:
Facsimile:	Email:		
Surname: First Names:			
Title: Mr Mrs Miss Ms Other:		Occupation:	
Mailing Address:			
Contact Details: S Work:	A Home:		Mobile:
Facsimile:	Email:		
3 Surname:	Firs	t Names:	
Title: Mr Mrs Miss Ms Other:		Occupation:	
Mailing Address:			
Contact Details: 🕿 Work:	A Home:		Mobile:
Facsimile:	Email:		
4 Surname:	Firs	t Names:	
Title: Mr Mrs Miss Ms Other:		Occupation:	
Mailing Address:			
Contact Details: 🕿 Work:	A Home:		Mobile:
Facsimile:	Email:		
	ed identification	details for each Trustee as specifie	d overleaf.
Taxation Details:		an hald a solid On the state of F	while to examine in a manufally at a 124 at 124
NZ Resident: O IRD No:			able to receive income without resident withholding tax, please attach of Exemption must be notified to SSP.
Tax Rate: 0 19.5% 0 33% Exempt* Non Resident: 0 If you are not resident in New Zealand for tax purposes,	Overseas Taxa	ition Number:	
Non Resident: If you are not resident in New Zealand for tax purposes, please indicate country of residence for tax purposes.			
		full if you wish to authorise any other per ed to indicate their acceptance of the nom	son(s) to operate the Account on your behalf of the Trust. ination.
Full Name:		Full Name:	
Address:		Address:	
Relationship to the Trust:		Relationship to the Trust:	
Contact Details: S Work: S Home:		Contact Details: S Work:	Mome:
Mobile: Facsimile:		Mobile Mobile	: Facsimile:
Email:		Email:	
Signature of Authorised Person:		Signature of Authorised Person:	

	s account. This information will stand until revoked in writing. rinted bank deposit slip or other confirmation of the account from the bank)			
Account Name: Bank & Branch:				
Account No:				
Settlement Instructions (per Clause 7 of Part B, Terms & Condition	ns)			
Please indicate whether you would like SSP to open a Cash Managen Please indicate whether your preferred option for settlement on your Additional Services Required: O Portfolio Review Service	account is via the Cash Management Account. Yes			
	required by law (and additionally for NZX Accredited Firms, the New Zealand Exchange Limited Rules) to verify the identity of clients and ur account without this. PLEASE NOTE THAT IDENTIFICATION IS REQUIRED UNDER NZX RULES FOR THE TRUST AND EACH TRUSTEE.			
(b) A copy of the Trustee Certificate confirming the establisme on behalf of the Trust, AND (c) *A pre-printed bank deposit slip, recent bank statement of FOR EACH TRUSTEE (who is a natural person) and any Authorised P (a) A copy of a current and valid passport in the Trustee's nan (b) A copy of a current and valid drivers licence in the Trustee (c) Other suitable photo identification with a signature may be WHERE A TRUSTEE IS NOT A NATURAL PERSON. (a) A copy of the Certificate of Incorporation or equivalent dot (b) A pre-printed bank deposit slip, recent bank statement or Additional information may be required in respect of domestic and or Please tick if you want originals returned to you	the appointment or retirement of trustees) certified by at least one of the trustees, or eent of the Trust, the Trust's power to invest in Securities and the persons authorised to act or other notice issued by the Trust's bank in the name of the Trust. Serson(s) The company of the Trust o			
	f annual income required from investment portfolio \$			
If you would like to further discuss your investment needs, please contact your advisor as soon as possible				
Other Optional Information: Who is your: Solicitor: Name	Firm			
Accountant: Name	Firm			
Was SSP recommended to you? Yes No If Yes, by whom? Have you or any other family member previously been clients of SSP? Yes No Please advise				
Declaration and Signatures				
read and understood this Agreement and agrees to comply with it. The put this Agreement and are authorised to operate the Account on behalf of the	ebroker. The Trust confirms that the particulars supplied in the Schedule are correct and that it has erson(s) identified above as Authorised Persons have read understood and agree to comply with e Trust. By signing below and returning Part A of this agreement to Somerset Smith Partners the rvices on the Terms and Conditions set out in Part B of this Agreement and the Appendices thereto dge that they have read the risk disclosures relevant to the Trust in Part B.			
By:	Date:			
(Trustee 1)	Duto.			
By:	Date:			
(Trustee 2)				
By:	Date:			
(Trustee 3)				
Ву:	201			
(Trustee 4)	Date:			
	Date:			
SSP agrees to provide to the Trust named above sharebroking and at Appendices thereto and agrees to abide by those Terms and Condition SSP Signature Signed for and on behalf of Somerset Smith Partners by:	ncillary services on the Terms and Conditions set out in Part B of this Agreement and the			