

Client Agreement

Individual or Joint

Somerset Smith Partners Use Only

Account Name:

Account Number:

Adviser:

Entered by:

Compliance:

Important Information

Thank you for choosing Somerset Smith Partners as your Investment Adviser.

NZX Prescribed Person Confirmation

As an NZX Market Participant, Somerset Smith Partners is prohibited under the NZX Participant Rules from buying or selling securities for a Prescribed Person of any other Trading Participant or NZX Firm.

Prescribed Persons, Trading Participant and NZX Advising Firm are defined terms within the NZX Participant Rules. A Prescribed Person is someone who has a defined relationship or connection with another Trading Participant or NZX Advising Firm.

We will not be able to open an account for you if any applicant or authorised person is:

- a. a Director, Partner, Managing Principal, Responsible Executive, Shareholder or Employee of an NZX Market Participant; or
 - b. the spouse, de facto partner or dependent child of a person referred to in a.
- I/We confirm that none of the applicants or authorised person named in this agreement is a Prescribed Person of an NZX Market Participant or NZX Advising Firm.

Please complete / attach documents for the following sections: Page

- | | |
|---|-----|
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Return your completed Client Agreement and accompanying documents to Somerset Smith Partners:

Napier Office
Post to: PO Box 90, Napier 4140
Deliver to: 25 Station Street, Napier

Havelock North Office
PO Box 8771, Havelock North 4157
2/23 Napier Road, Havelock North

Please contact us on **(06) 835 3126** or email napier@somsmith.co.nz if you require any assistance in completing the form.

Authorised Person Details

Complete this section if you wish to authorise another person to give SSP instructions on your account in addition to the Applicant(s) already stated or opening an account for a Minor (parent/guardian details)

Title: Mr Mrs Miss Ms Dr Other

Full Name: *first, middle and last name*

Preferred Name:

Date of Birth: *dd/mm/yyyy*

Country of Birth: NZ Other *specify*

Country of Citizenship: NZ Other *specify*

Relationship to the Applicant(s):

Contact Details:

Residential Address: *not a PO Box number*

Street:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Registration and Mailing Address: *if different to residential address*

Street/PO Box:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Home Ph:

Work Ph:

Mobile Ph:

Email Address:

Please provide identification documentation as referred to in Section 9 – Identity Document and Identification Requirements.

Client's Initials

Section 2 Listed Entity Director/Officer Details

Are any Applicant(s) or Authorised Person, a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange?

No Yes

If 'Yes', please complete the Director/Officer details below:

Director/Officer Name:

Director/Officer Name:

Relationship to Listed Entity:

Relationship to Listed Entity:

Listed Entity Name:

Listed Entity Name:

Section 3 Public Office Details

Have any Applicant(s) or Authorised Person ever held a public office position e.g. diplomat, high level judicial, military or ministerial position?

No Yes *please specify*

Section 4 Settlement Instructions

Please provide bank account documentation for settlement purposes as referred to in Section 9 – Identity Document and Identification Requirements.

Section 5 Source of Funds

To comply with the Anti-Money Laundering and Countering Financing of Terrorism Act, please provide documentation for the source of funds as referred to in Section 10 – Source of Funds Documentary Evidence Guide.

Section 6 Your Professional Advisers

Solicitor's Name:

Firm:

Accountant's Name:

Firm:

Section 7 Source of Introduction

How did you hear about Somerset Smith Partners?

- Recommendation from Solicitor/Accountant Recommendation from friend/acquaintance
 Personally know the Investment Adviser Website
 Advertisement *if so where?* Other *please specify*

Client's Initials

All Applicants and Authorised Person must agree and sign below.

I/We confirm that I/we have not been declined service by any other NZX Firm or been declared bankrupt.

I/We confirm that the particulars supplied in the Schedule are correct and that I/we have read and understood this Agreement and agree to comply with it.

The person identified as the additional Authorised Person has read, understood and agrees to comply with this Agreement and is authorised to operate the account on my/our behalf.

I/We acknowledge that I/we have read the risk disclosures relevant to this account as set out in Part B of this agreement.

Where a person is signing as an Attorney, an original certified copy of the Power of Attorney must be provided. The Attorney hereby certifies that they have not been given notice revoking the Power of Attorney (POA).

By signing below and returning Part A of this Agreement to Somerset Smith Partners ("SSP"), I/we agree to the provision to me/us by SSP of sharebroking and ancillary services on the Terms and Conditions set out in Part B of this Agreement, the Appendices hereto and agree to abide by those Terms and Conditions.

Name of First Applicant/POA: _____

Signature: _____

Date: _____

Name of Second Applicant/POA: _____

Signature: _____

Date: _____

Name of Authorised Person: _____

Signature: _____

Date: _____

SSP agrees to provide to the Account Holder(s) named above, sharebroking and ancillary services on the Terms and Conditions set out in Part B of this Agreement, the Appendices hereto and agrees to abide by those Terms and Conditions.

SSP Authorised Name: _____

SSP Authorised Signatory: _____

Date: _____

Somerset Smith Partners will retain the original copy of this Client Agreement.

Please contact us on **(06) 835 3126** or **napier@somsmith.co.nz** if you require a copy for your records.

Under the Anti-Money Laundering and Countering Financing of Terrorism Act, we are required to verify all applicants, power of attorneys and authorised person's identity and residential address. Please provide the required identification, address and bank documentation listed below:

Proof of Identity

The three options in providing a **current and certified copy** of identification documents are:

Option 1: Any one of.....

- Passport
- NZ Certificate of Identity
- NZ Firearms Licence
- National Identity Card

Option 2: The combination of.....

- NZ Driver Licence

Option 3: The combination of.....

- Birth Certificate or
- Citizenship Certificate

AND

Any one of the following:

- Credit/Debit or Eftpos Card
- Bank statement issued by a registered bank
- Statement from Inland Revenue Department (IRD)
- SuperGold Card

AND

Any one of the following:

- NZ Driver Licence
- International Driving Permit and Overseas Licence
- 18+ Card
- NZ Defence Photo Identification
- NZ Police Photo Identification

Proof of Address

A **certified copy** of one of the following issued within the last 3 months:

- Bank statement
- IRD statement
- Rates bill
- Utilities bill

If you are not providing a bank statement as proof of your physical address, then we also require;

Proof of Bank Account for Settlement Purposes

- Cheque from your bank account
- Bank encoded deposit slip with pre-printed details of your bank account name and number

or a **certified copy** of one of the following issued within the last 12 months:

- Bank statement *if showing multiple accounts, mark the appropriate one*
- Transaction statement

Note: If any of the documentation provided is in a maiden name, a copy of the marriage certificate to evidence the change of name will be required.

Copies of all identification documents mentioned above need to be certified by one of the approved certifiers listed below:

- Chartered Accountant
- Lawyer
- Registered Teacher
- Notary Public
- Justice of the Peace
- Registered Medical Doctor
- Minister of Religion
- Commonwealth Representative
- Kaumatua
- Member of Parliament
- NZ Honorary Consul
- Member of the NZ Police

The certification itself must be original and the certifier must:

- State on the document that the document is a true copy of the original;
- Print and sign his/her name on the document and include occupation details; and
- Include the date of certification - must be within past 3 months

Section 10 Source of Funds Documentary Evidence Guide

Under the requirements of the Anti-Money Laundering and Countering Financing of Terrorism Act we need to establish and be provided with **certified copies** or the original documentation that evidences where the funds have come from.

Examples of suitable documents are suggested below:

Source	Documentary Evidence Guide
Business Investment	<ul style="list-style-type: none"> • Copies of latest audited company accounts • Management accounts / reports • Letter or report from an accountant
Company Sale	<ul style="list-style-type: none"> • Letter from lawyer / accountant • Sale and purchase agreement
Divorce Settlement	<ul style="list-style-type: none"> • Letter from lawyer / accountant • Settlement Agreement
Employment Income / Bonus	<ul style="list-style-type: none"> • Recent pay slips • Letter from Employer confirming income/bonus amounts • Bank statements showing regular salary and named employer
Gift	<ul style="list-style-type: none"> • Gift statement • Letter from lawyer / accountant
Inheritance	<ul style="list-style-type: none"> • Will • Letter from lawyer / trustee
Other Monies, Prizes, Lotto wins, Legitimate gambling activities	<ul style="list-style-type: none"> • Winning's receipt • Letter from lawyer / accountant
Property Sale	<ul style="list-style-type: none"> • Letter from lawyer / accountant • Sale and purchase contract
Retirement Lump Sum	<ul style="list-style-type: none"> • Pension statement • Letter from Pension Provider confirming lump sum amount
Sale of Shares or Other Investments or Savings	<ul style="list-style-type: none"> • Investment savings certificate / contract note / statement or confirmation from relevant investment company • Letter from accountant
Trust Distribution	<ul style="list-style-type: none"> • Letter from lawyer / accountant • Bank statement showing deposit from the Trust

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