

Client Agreement

Trust or Estate

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 the Trust/Estate if:

- a. a Director, Partner, Managing Principal, Responsible Executive, Shareholder or Employee of an NZX Market Participant;
 - i. is named as a Trustee/Executor or as an Authorised Person in this form, or
 - ii. is a named or Discretionary Beneficiary of a Trust/Estate
 - b. one or more person referred to in a) and the spouse, de facto partner or dependent child(ren) of that person are the sole or major beneficiaries of the Trust/Estate and have the ability to remove the Trustee of the Trust and replace the Trustee with their own nominee; or
 - c. the Trust/Estate is controlled by an entity that itself is a Prescribed Person
- I/We confirm that this is not an account for a Prescribed Person

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.

Section 1**Account Details** *please complete in full and tick where appropriate*Account Type: Family Trust Charitable Trust Estate OtherTrust/Estate Name: *please insert the full legal name*

For Trusts Only:

Country where Trust was established: NZ Other *specify*Date Trust Established: *dd/mm/yyyy*

Is the Trust registered under the Charitable Trusts Act 1957 and the Charities Act 2005?

 No Yes *please provide registration number*

Mailing Address:

Street/PO Box:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Work Ph:

Mobile Ph:

Taxation Information for the Trust/Estate: *please complete all that apply* New Zealand IRD Number:

Tax Rate: _____%

default to max tax rate if not specified Exempt*please attach a valid certificate of exemption* Australian Tax Number: US Tax Identification (TIN or SSN): UK National Insurance Number: Other Country of Tax Residency: Tax Identification Number: Is the entity a Non-Financial Foreign Entity (NFFE) under FATCA? No YesIf 'Yes', is the entity active or passive under FATCA? Active Passive

Global Intermediary Identification

Number (GIIN): *Required for foreign financial Institutions under FATCA. Companies which appoint an Investment Adviser with a discretionary mandate will be considered 'professionally managed' and therefore Financial Institutions and will require a GIIN.*

For Overseas Investments

 Please apply the Approved Issuer Levy (2%), where applicable, to approved interest-bearing investments**New Zealand Common Shareholder**Please state the 9-digit CSN if known:

Client's Initials

Section 1A Trustee Company

Company Name: _____

Company Registration Number: _____

Country of Incorporation/registration: NZ Other *specify* _____

Date of Incorporation/registration: _____

Contact Details:

Mailing Address: _____

Street: _____

Suburb: _____ City: _____

Post Code: _____ Country: NZ Other *specify* _____

Registered Office Address: *if different to mailing address*

Street: _____

Suburb: _____ City: _____

Post Code: _____ Country: NZ Other *specify* _____

Work Ph: _____ Mobile Ph: _____

Email Address: _____

Taxation Information for the Trustee Company: *please complete all that apply*

New Zealand IRD Number: _____

Tax Rate: _____%

default to max tax rate if not specified

Exempt

please attach a valid certificate of exemption

Australian Tax Number: _____

US Tax Identification (TIN or SSN): _____

UK National Insurance Number: _____

Other Country: _____

Tax Identification Number: _____

Is the entity a Non-Financial Foreign Entity (NFFE) under FATCA? No Yes

If 'Yes', is the entity active or passive under FATCA? Active Passive

Global Intermediary Identification

Number (GIIN): _____

Required for foreign financial Institutions under FATCA. Companies which appoint an Investment Adviser with a discretionary mandate will be considered 'professionally managed' and therefore Financial Institutions and will require a GIIN.

Client's Initials

Persons Authorised to act on behalf of the Company as Trustee

If the company acting as trustee is authorised to instruct on the account, please provide us with the name of the persons who are authorised to act on behalf of the Company

Company Authorised Person

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 Company:

Contact Details:

Residential Address: *not a PO Box number*

Street:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

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:

Company Authorised Person

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 Company:

Contact Details:

Residential Address: *not a PO Box number*

Street:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

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:

Client's Initials

Authorised Person Details

Complete this section if you wish to authorise another person to give SSP instructions on this account in addition to the Trustees/Executors/ Directors of Trustee Company already stated

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 Trust/Estate:

Contact Details:

Residential Address: *not a PO Box number*

Street:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

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 10 – Identity Document and Identification Requirements.

Client's Initials

Section 2 Listed Entity Director/Officer Details

Are any Trustee/Executor/Director of Trustee Company/Authorised Person, a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange?

No 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 Details of Beneficiaries

Is the Trust a Charitable Trust? No Yes *please provide details of the objectives of the Trust*

Is the Trust, a Discretionary Trust, Charitable Trust or a Trust with more than 10 beneficiaries?

No Yes *please provide a description of each class of beneficiary (e.g. final or discretionary) or type of beneficiary (e.g. children, grandchildren etc)*

If the Trust has 10 or less beneficiaries and is not a Charitable Trust, please provide name, date of birth, address, country of citizenship and country of residency for each beneficiary:

- | | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| Country of Citizenship: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> | Country of Residency: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> |
- | | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| Country of Citizenship: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> | Country of Residency: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> |
- | | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| Country of Citizenship: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> | Country of Residency: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> |
- | | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| Country of Citizenship: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> | Country of Residency: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> |
- | | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| Country of Citizenship: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> | Country of Residency: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> |
- | | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| Country of Citizenship: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> | Country of Residency: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> |
- | | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| Country of Citizenship: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> | Country of Residency: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> |
- | | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| Country of Citizenship: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> | Country of Residency: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> |
- | | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| Country of Citizenship: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> | Country of Residency: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> |
- | | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| Country of Citizenship: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> | Country of Residency: <input type="radio"/> NZ <input type="radio"/> Other <i>specify</i> |

Client's Initials

Section 4 Politically Exposed Persons

Are any Trustee/Executor/Director of Trustee Company/Authorised Person either:

- an individual who holds, or has held at any time in the last 12 months, a prominent public function in any country other than New Zealand e.g. diplomat, high level judicial, military or ministerial position?
 - an immediate family member of a person referred to above including a spouse, partner, child, child's spouse/parent or a parent?
- No Yes *please specify public function and country*
-
-
-

Section 5 Settlement Instructions

Please provide bank account documentation for settlement purposes as referred to in Section 10 – Identity Document and Identification Requirements.

Section 6 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 11 – Source of Funds Documentary Evidence Guide.

Section 7 Your Professional Advisers

Solicitor's Name:

Firm:

Accountant's Name:

Firm:

Section 8 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

Section 9**Declaration and Signatures**

All Trustees, Executors, Directors of Trustee Company and Authorised Persons 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 Agreement are correct.

The person(s) identified as the Authorised Person(s) is/are authorised to operate the account on my/our behalf.

I/We acknowledge that I/we have received, read and understood the Somerset Smith Partners Investment Adviser's Disclosure Statements.

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 Trustee/Executor/Director of Trustee Company/POA:

Signature:

Date:

Name of Second Trustee/Executor/Director of Trustee Company/POA:

Signature:

Date:

Name of Third Trustee/Executor/Director of Trustee Company/POA:

Signature:

Date:

Name of Fourth Trustee/Executor/Director of Trustee Company/POA:

Signature:

Date:

Name of Company Authorised Person:

Signature:

Date:

Name of Company Authorised Person:

Signature:

Date:

Name of Authorised Person:

Signature:

Date:

SSP agrees to provide 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 trustees, executors, directors of trustee company, 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

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.

Proof of Trust/Estate or Solicitor's Bank Account

- Cheque from the Trust/Estate or Solicitor's bank account
- Bank encoded deposit slip with pre-printed details of the 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

For Trust

- Copy of the Trust Deed

For Trustee Company

- Copy of the Certificate of Incorporation
- Copy of the Company Extract

For Estate

- Probate containing the deceased's name and names of the executors
- The Will and Death Certificate, if no Probate

Note: Please provide the most recent Deed of Appointment and Retirement of Trustee, if any, to prove the current acting Trustees.

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 11 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