

SUPERANNUATION MASTER TRUST

AML Source of Funds / Wealth Form

Use this form if you would like to make a lump sum contribution to your account. For Anti-Money Laundering/Countering Financing of Terrorism purposes, we are required to verify your address and identity before we can accept your contribution.

Once you have completed and signed this form please send it and any supporting documents to the address above. We will contact you with bank account details once we have verified your address and identity.

*These fields must be completed

(a) Member personal details

*Plan number

*Date of birth

*Title Mr Mrs Ms Miss Dr Other

*First names

*Surname

*Residential address

Postcode:

*Postal address (if different from above)

Postcode:

*Please provide at least one contact number

Home phone ()

Mobile phone ()

*Email

(b) Lump sum contribution

I intend to make a contribution of \$NZD to Lifetime Asset Management.

Please invest this voluntary contribution:

as per my current investment election. as per the Changing your Investment Portfolio form, attached (visit: www.lifetimeinvestments.co.nz/superannuation-master-trust/forms/).

Please provide a description of the origin of the money being invested e.g. from a maturing bank term deposit, sale of a property, KiwiSaver transfer etc.

(c) *AML requirements

Provide your identification to verify your identity

Please complete Option 1 in the table below and attach copies of the requested document (please tick which document you are providing).

If you cannot provide a document from Option 1, then complete Option 2 or 3.

Option 1: ONE document from this section	
<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

Option 2: <input type="checkbox"/> NZ Driver's Licence PLUS (ONE of the of the documents from this section)	
<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 6 months

Option 3: <input type="checkbox"/> 18+ Identity card PLUS (ONE of the documents from this section)	
<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government	<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government

IMPORTANT: If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this form.

Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section. The document you supply needs to show the residential address detailed in section (a), on page 1 and be dated within the last 6 months.

Letter or invoice from utility company Bank statement Letter from government agency (e.g. Inland Revenue, rates bill)

Verification of identity electronically

In order to verify your identity and address electronically, please provide us with copies of the documents listed in above. Note: identity verification documents must be New Zealand documents and current (i.e. not expired).

I authorise Lifetime Asset Management Limited to electronically verify my identity and address.

If you do not wish Lifetime to verify your identity and address electronically, please select an alternative in section (d).



(d) Certify or verify your identity

Your identity can be certified by a trusted referee (use the first box below), or verified by an Adviser or Lifetime employee acting as agent of Lifetime (use the second box below).

If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country, state or territory where the documents are being certified. For more guidance on who can act as a trusted referee overseas, please contact your Adviser or Lifetime.

DECLARATION BY TRUSTED REFEREE (CERTIFYING IN NEW ZEALAND)

I, confirm that:

1. I have sighted today the original of each document identified with a tick in section (c) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents initialled and dated by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. I am a (tick one of the following)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> New Zealand Lawyer | <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Notary Public | <input type="checkbox"/> Registered Medical Doctor |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Police Constable | <input type="checkbox"/> Registered Teacher | <input type="checkbox"/> Kaumātua |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Minister of Religion | <input type="checkbox"/> Commonwealth Representative | <input type="checkbox"/> NZ Honorary Consul |
| <input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives acting in the employment of a lawyer | <input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court | | |

4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

DECLARATION BY TRUSTED REFEREE (CERTIFYING OUTSIDE NEW ZEALAND)

I, confirm that:

1. I have sighted today the original of each document identified with a tick in section (c) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents initialled and dated by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. I am a
4. In this capacity, I am authorised to take statutory declarations under the laws of
5. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

DECLARATION BY ADVISER OR LIFETIME EMPLOYEE (AS AGENT OF LIFETIME)

I, confirm that:

1. I have sighted today the original of each document identified with a tick in section (c) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement, are true copies of those documents initialled and dated by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. Lifetime has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that Lifetime is relying on me to perform those functions for it.
4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of Adviser/Lifetime Employee

Dated



(e) Privacy

The personal information you are providing in this form, (or in connection with this form) is being collected for the main purpose of effectively administering and managing your Superannuation Master Trust account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your contribution. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you. The information may be used by, and disclosed to the Manager and Supervisor (The New Zealand Guardian Trust Company Limited), the Administration Manager, or other entity involved in the administration and management of the Lifetime Master Trust (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

You agree that this information may be collected, held and disclosed for these purposes. The information is being collected by the Manager (Lifetime Asset Management), whose address is Lifetime Asset Management, PO Box 91976, Victoria Street West, Auckland 1142, and will be held by Link Market Services Limited who you can contact at PO Box 91976, Victoria Street West, Auckland 1142.

You can request access to your personal information and can ask that it is corrected by calling 0800 266 268.

(f) Member's signature

I apply to the Manager of the Superannuation Master Trust to withdraw the amount referred to above.

I certify the information given in this form is true and correct. I indemnify Lifetime Asset Management Limited as Manager of the SMT and The New Zealand Guardian Trust Company Limited as the Supervisor, for any loss incurred or damage suffered by it or any other party resulting from any false or incomplete information given in this form.

*Member's signature

*Date

SIGN HERE

D D M M Y Y Y Y

Please ensure you read the Next Steps and Checklist sections at the bottom of the page.

Have you received financial advice from an Adviser in making the decision to make this withdrawal?

Yes No

If yes, please ensure your Adviser completes section (g).

(g) Adviser use only

Adviser name

Adviser code

B L O C K L E T T E R S

Adviser's business name

I certify that I have completed the most recent training provided by Lifetime for this product, and have complied with the requirements of the Financial Markets Conduct Act 2019, and all other applicable laws.

Signature of Adviser

Date

SIGN HERE

D D M M Y Y Y Y

*Checklist

Please check you have completed the form correctly

- Have you completed all fields with an * ?
Have you signed this form, section (f)?
Have you included your identification documents in section (c) and (d) (if applicable)?

Once you have completed all items on the checklist please post your documents to:

Lifetime Asset Management, PO Box 91976, Victoria Street West, Auckland 1142.

For more information call free 0800 266 268 or email lifetime@linkmarketservices.com

