Client Information Form - Trusts

We are required under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (“the Act”) to conduct due diligence on all new and existing clients.

We are required to obtain specific information from you, your company, partnership or trust, which you will find set out in this Client Information Form. We are also required to verify this information and we have outlined the acceptable forms of identification and address verification we will require from you as part of this process.

The Act may require us to disclose to the New Zealand Police and/or other Government Agencies information about your transaction. When we have made such a disclosure, we are not allowed to tell you about it.

This information must be collected and assessed by us BEFORE we are able to commence any work on your behalf. Timely completion of this form is therefore kindly requested by you to allow us to start working on your file as quickly as possible. Please note that not all sections of this form may need to be completed only those that are applicable.

It is important that after completing this form should any of your details change while we are still carrying out any work for you that you contact us as soon as possible, this includes any changes to your source of funds. In entering into a contract of retainer with TODD & WALKER Law you agree you will not make any claim whatsoever against us in the event we do have to stop work part way through your file, and you incur a loss as a result.

Please do not hesitate to ask us if you require any assistance in completing this form or in determining what information and documents we require form you.
A. Trust Details

Name of the Trust:

IRD Number: ________ ________ ________

NZ bank account details:

Mailing Address:
Street No/Name/PO Box: Suburb:
Town/City: Postcode:
Country:

Principal Contact Person:
Phone Work: Phone Mobile:
Phone Home: Fax:
E-mail:

How did you hear about TODD & WALKER Law?

B. Nature of your proposed instructions to TODD & WALKER Law

Please provide brief description here including whether the transaction is large or complex:
C. Trustee Details

Please provide details for ALL trustees (including settlors or other persons who have control of the trust or trust assets). We have provided space for 2 people, please provide the same information for any additional person who falls into this category on additional paper. For every person listed we will require certified identification and proof of address.

Person 1
Mr Ms Mrs Miss Other

Full Name (or Company Name):

Date of Birth: Day Month Year

Residential Address:
Street No/Name: Suburb:
Town/City: Postcode: Country:

Mailing Address (if different from residential address):
Street No/Name/PO Box: Suburb:
Town/City: Postcode: Country:

Phone Work: Phone Mobile:

Phone Home: E-mail:

Occupation:

Relationship to the Trust (e.g. trustee):

Please circle what applies to you either now or at any time in the preceding 12 months:

- Do you work for the New Zealand Government or another country’s government at a high level? Yes / No
- Are you a Supreme Court Judge or equivalent senior Judge? Yes / No
- Are you a governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of New Zealand? Yes / No
- Are you a chair, CEO, CFO or other high-ranking position in a State enterprise? Yes / No
- Do you work for the New Zealand Police? Yes / No
- Are you an ambassador for another country? Yes / No
- Do you work for the armed forces at a high level? Yes / No
- Are you the immediate family of anyone who does any of the above? Yes / No
- Do you jointly own a legal entity with someone who fits into the list above? Yes / No
• Are you the owner of a legal entity that exists for the benefit of someone who fits into the list above? Yes / No

If your answer is Yes to any of the above, please provide further information here:

Trustee Details

Person 2

Mr         Ms         Mrs         Miss         Other

Full Name (or Company Name):

Date of Birth: [ ] [ ] [ ]

Residential Address:

Street No/Name: Suburb:

Town/City: Postcode: Country:

Mailing Address (if different from residential address):

Street No/Name/PO Box: Suburb:

Town/City: Postcode: Country:

Phone Work: Phone Mobile:

Phone Home: E-mail:

Occupation:

Relationship to the trust (e.g. trustee):

Please circle what applies to you either now or at any time in the preceding 12 months:

• Do you work for the New Zealand Government or another country’s government at a high level? Yes / No
• Are you a Supreme Court Judge or equivalent senior Judge? Yes / No
• Are you a governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of New Zealand? Yes / No
• Are you a chair, CEO, CFO or other high-ranking position in a State enterprise? Yes / No
• Do you work for the New Zealand Police? Yes / No
• Are you an ambassador for another country? Yes / No
• Do you work for the armed forces at a high level? Yes / No
• Are you the immediate family of anyone who does any of the above? Yes / No
• Do you jointly own a legal entity with someone who fits into the list above? Yes / No
• Are you the owner of a legal entity that exists for the benefit of someone who fits into the list above? Yes / No

If your answer is Yes to any of the above, please provide further information here:

D. Beneficiaries

Please provide the trust deed.

If your trust is a Fixed Trust, please provide full names and dates of birth of each beneficiary in the table below. However, if your Fixed Trust has more than 10 beneficiaries, you do not need to provide these details.

Note: Most family trusts in New Zealand are discretionary trusts.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
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If your trust is a Charitable Trust, a Discretionary Trust or a Fixed Trust with more than 10 beneficiaries, then please complete the tables below:
E. Acting on behalf of the trust (complete if applicable)

A person or company who is acting on behalf of the trust may be someone who has the authority to carry out transactions or work on a transaction on the trust’s authority. This may include an agent or anyone who has been appointed as a professional third party to act for the trust. Please provide the following for each person/company, complete on additional paper if necessary:

Mr    Ms    Mrs    Miss    Other

Full Name or Company Name:

Date of Birth:  Day  Month  Year

Mailing Address:

Street No/Name:          Suburb:

Town/City:                Postcode:

Country:

Phone Work:              Phone Mobile:

Phone Home:              Fax:

E-mail:

Occupation:

Details setting out your relationship to the trust:

Please provide details here:
Evidence of your authority to act on behalf of the trust:

Please provide details here:

An explanation of the nature and purpose of the proposed business relationship with the trust:

Please provide details here:

F. Are you buying a property or business? Yes / No

If the answer is Yes, we need to understand how you have obtained or generated all of the funds you will be using for the purchase. If they come from various sources, we need to see evidence of all of those sources.

Some examples are:

**Savings** – Bank account statement (3 statements from each year of savings)

**Loan** – Pre-approval letter

**Gift** – Deed of Gift or other documentation showing a gift

**Inheritance** – Grant of Probate (or certified copy of Will), which includes amount OR confirmation in writing from a solicitor

**Rental income** – Tenancy agreement OR bank statements showing rental income

**Property sale** – Sale and purchase agreement OR other documentation showing you are selling your property

**Business income** – Audited business accounts for the last financial year OR confirmation from your accountant
G. Identification Verification

Please provide ALL of the following:

1. Trust Deed; and

2. A bank statement or similar communication from the last twelve months addressed to the trust or trustees at the mailing address given; and

3. For each Trustee, beneficial owner or person acting on behalf of the trust we require the following photographic identification:

<table>
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<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
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<tr>
<td>□ New Zealand Passport; or</td>
<td>□ New Zealand Birth Certificate; or</td>
<td>□ New Zealand Drivers Licence</td>
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<tr>
<td>□ New Zealand Certificate of Identity; or</td>
<td>□ Certificate of New Zealand Citizenship; or</td>
<td>AND Debit, Credit or EFTPOS card, which</td>
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<tr>
<td>□ New Zealand Firearms Licence; or</td>
<td>□ Overseas Citizenship Certificate; or</td>
<td>must have name embossed and signature; or</td>
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<tr>
<td>□ Overseas Passport.</td>
<td>□ Overseas Birth Certificate.</td>
<td>□ Bank Statement issued by a registered bank</td>
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<td>within last 12 months; or</td>
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<td>□ New Zealand Driver’s Licence; or</td>
<td></td>
<td>□ Super Gold Card with customer name and</td>
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<td>signature; or</td>
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<td>□ 18+ Card; or</td>
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<td>□ Community Services Card with customer name</td>
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<td>and signature.</td>
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<td>□ New Zealand Student Photo ID; or</td>
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<td></td>
<td></td>
<td>□ International Driving Permit.</td>
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In all instances we will need to verify this identification. There are two ways we can do that:

1) Bring the original of your identification into one of the TODD & WALKER Law offices to be certified by us in person; or

2) If you cannot do the above, send a copy of your identification which has been certified by a Trusted Referee to us via email and post the originals to:

C/- TODD & WALKER Law, P.O. Box 124, Queenstown, 9348, New Zealand.
I. Confirmation

I/ we confirm that all of the information provided in this form and any supplementary information provided is true, complete and accurate.

…………………………….                                  …………………………..
Signed                                    Date
Certifying Documents - Who is a Trusted Referee

If you are in New Zealand

1) A Trusted Referee who must be at least 16 years of age and one of the following:
   a) Commonwealth representative (as defined in the Oaths and Declarations Act 1957)
   b) Member of the police
   c) Justice of the peace
   d) Registered medical doctor
   e) Kaumātua (as verified through a reputable source)
   f) Registered teacher
   g) Minister of religion
   h) Lawyer (as defined in the Lawyers and Conveyancers Act 2006)
   i) Notary public
   j) New Zealand Honorary consul
   k) Member of Parliament
   l) Chartered accountant (within the meaning of section 19 of the New Zealand Institute
   of Chartered Accountants Act 1996)
   m) A person who has the legal authority to take statutory declarations or the equivalent
   in New Zealand

If you are resident overseas

2) Copies of your international identification must be certified by a notary public (unless you
   are located in Australia or Singapore, in this instance certification by a Notary, a Justice of
   the Peace or a Solicitor is accepted provided that the Justice of the Peace or Solicitor
   provides proof of their registration).

3) In addition, the trusted referee must not be:
   a) related to the customer; for example, a trusted referee cannot be their parent, child,
      brother, sister, aunt, uncle or cousin;
   b) the spouse or partner of the customer;
   c) a person who lives at the same address as the customer; or
   d) a person involved in the transaction or business requiring the certification.

4) The trusted referee must sight the original documentary identification, and make a
   statement to the effect that the documents provided are a true copy and represent the
   identity of the named individual (link to the presenter).

5) Certification must include the name, signature, and the date of certification.

6) The trusted referee must specify their capacity to act as a trusted referee from sections 1
   (a)-(m) above.

7) Certification must have been carried out in the three months preceding the presentation
   of the copied documents.