

This form is used to apply for Units in the Integral Master Trust funds (Defensive Fund, Diversified 40 Fund, Diversified 60 Fund, Global Equities Fund and Focused Growth Fund), either on an ad hoc basis, or by a regular application.

Please complete all Sections.

1. Type of investment

Please tick a or b below:

a. <input type="checkbox"/> Initial application (you also need to provide a completed Investor details form)	
Name of investor(s): <input type="text"/>	
b. <input type="checkbox"/> Subsequent application for existing investor	
Name of investor (1):	<input type="text"/>
Investor number:	<input type="text" value="NZB"/>
Name of investor (2):	<input type="text"/>
Investor number:	<input type="text" value="NZB"/>

2. Application payment

For a Regular application – Proceed to Section 3 below.		
<input type="checkbox"/> Electronic funds transfer to ‘Integral Nominees Limited Applications Account’ 02-0500-0987710-000 The following details must be included with your transfer to avoid delays in identifying your payment: PARTICULARS: Your surname CODE: Your IRD number		
Application payment amount: \$ <input type="text"/>		
<input type="checkbox"/> Source of funds/wealth* Please tell us the original source of the funds you are investing e.g. property sale, inheritance, personal income: <input type="text"/>		
<small>*Please note this information is requested solely in relation to NZBritannia’s Anti-Money Laundering obligations.</small>		
Fund	Amount in NZD	Minimum investment in this Fund
Defensive Fund	\$	\$1,000
Diversified 40 Fund	\$	\$1,000
Diversified 60 Fund	\$	\$1,000
Global Equities Fund	\$	\$1,000
Focused Growth Fund	\$	\$1,000
TOTAL (must equal application payment amount above)	\$	Minimum \$10,000 if initial application

3. Regular direct debit application details

I/we wish to establish a new regular application via direct debit from my bank account to purchase additional Units.	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>
Month start: <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> (15th of the month)		
I/we wish to change the bank account from which my/our existing regular application is debited.	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>
I/we wish to change the amount of my/our existing regular application.	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>
If you chose 'Yes' to any of the above, you also need to complete Section 6 – Direct debit authority.		<input type="checkbox"/>
Fund	Amount in NZD	Minimum investment from this Fund
Defensive Fund	\$	\$250
Diversified 40 Fund	\$	\$250
Diversified 60 Fund	\$	\$250
Global Equities Fund	\$	\$250
Focused Growth Fund	\$	\$250
TOTAL DIRECT DEBIT	\$	
I/we wish to cancel our existing regular application.	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>
Please remember any rebalancing instructions previously given when completing this Section.		

4. Privacy and your personal information

This statement relates to the personal information that you are providing to the Manager by way of this application and any subsequent personal information which you may provide in the future.

The personal information you have supplied may be used by the Manager and Public Trust (and related entities thereof) for the purposes of enabling the Manager to arrange and manage your investment, and to contact you in relation to your investment.

The Manager will provide you (on request) with the name and address of any entity to which information has been disclosed.

Under the Privacy Act 2020, you have the right to access all personal information held about you by the Manager, and if any of the information held is incorrect, you have the right to have it corrected.

You acknowledge that you are authorised to provide personal information on behalf of the applicant and evidence of this authority is provided (in the case of a parent/guardian/other providing information about the applicant).

5. Declaration

I/we certify that I/we have received, read and understood the current Product Disclosure Statement and this application form in their entirety.

I/we hereby apply to invest and agree to be bound by the terms and conditions set out in the current Product Disclosure Statement, the Trust Deed and this application form.

I/we have read and agree to the terms outlined in **Section 4** in relation to the Privacy Act 2020 and my/our personal information.

I/we consent to NZBritannia using the information I/we supply to verify my/our identity in accordance with the requirements of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, and that NZBritannia may disclose the information to parties NZBritannia considers to be appropriate for this purpose.

I/we understand that the value of my/our investment is liable to fluctuations and may rise and fall from time to time.

I/we understand the manner in which the fees will be deducted from my/our investment.

I/we consent to the provision of information to me in electronic form to the extent permitted by law.

Signature of applicant, trustee or director:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of applicant, trustee or director:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of applicant, trustee or director:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of applicant, trustee or director:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please return this form to your adviser.

6. Direct debit authority

Account name:	<input type="text"/>																			
Account number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bank		Branch			Account number									Suffix					
Frequency:	Monthly: (Default)	<input type="checkbox"/>	Quarterly:	<input type="checkbox"/>	Half yearly:	<input type="checkbox"/>														
Authorisation code:	0	2	X	X	X	X	X	(Not to operate as an assignment or agreement)												

To the Manager

Your Bank - name: Branch name:

Postal address:

Information to appear in my/our bank statements:

Payer particulars: Payer code: Payer reference:

I/we authorise you until further notice in writing to debit my/our account with you with all amounts which Integral Nominees Limited (hereinafter referred to as the Initiator), the registered initiator of the above authorisation code, may initiate by direct debit.

I/we acknowledge and accept that the Bank accepts this authority only upon the conditions listed on this form.

Signature of account holder: Date: / /

Signature of account holder: Date: / /

Signature of account holder: Date: / /

Signature of account holder: Date: / /

Approved		For bank use only			Bank stamp
		Date received	Recorded by	Checked by	
		Original – Retain at branch Copy – Forward to Initiator if requested			

Conditions of this Authority to accept direct debits

1. The Initiator:

- a. Has agreed to give notice to the Customer of the commencement date, frequency and amount of the direct debit no later than the day the direct debit is initiated. This notice will be provided in writing (including by electronic means where the Customer has provided prior written consent to communicate electronically).
- b. May, upon the relationship which gave risk to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

- a. At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by the means agreed by the customer, Bank and Initiator.
- b. Stop payment of any direct debit to be initiated under this authority by the Initiator by given in written notice to the Bank prior to the direct debit being paid by the bank.

3. The Customer acknowledges that:

- a. This Authority will remain in full force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
- b. In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- c. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this Authority. Any other dispute lies between me/us and the Initiator.
- d. Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:
 - The accuracy of information about direct debits on bank statements.
 - Any variations between notices given by the Initiator and the amounts of direct debits.
- e. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

- a. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- b. At any time terminate this Authority as to future payments by notice in writing to me/us.
- c. Charge its current fees for this service in force from time to time.