

APPLICATION FORM

I WISH TO JOIN AE KIWISAVER PLAN AND HAVE READ THE PRODUCT DISCLOSURE

PERSONAL DETAILS:

IRD NUMBER

YOUR IRD NUMBER IS A UNIQUE NUMBER ISSUED TO YOU BY INLAND REVENUE. SEE WWW.IRD.GOV.T.NZ

TITLE MR MRS MISS MS OTHER _____

FIRST NAME (AS PER PHOTO ID PROVIDED)

MIDDLE NAME(S) (AS PER PHOTO ID PROVIDED)

LAST NAME (AS PER PHOTO ID PROVIDED)

PLEASE LIST ANY OTHER NAMES YOU ARE KNOWN BY

PHYSICAL ADDRESS (AS PER PROOF OF ADDRESS PROVIDED)

POSTCODE

POSTAL ADDRESS

POSTCODE

DATE OF BIRTH (DD/MM/YYYY)

 / /

CONTACT PHONE NUMBER (LANDLINE)

MOBILE PHONE NUMBER

EMAIL ADDRESS

PLEASE TICK IF YOU ARE A MEMBER OF ANOTHER KIWISAVER SCHEME

IF NOT PLEASE COMPLETE THE **KS2 FORM** AND GIVE IT TO YOUR EMPLOYER TO START CONTRIBUTING TO YOUR SAVINGS

PRESCRIBED INVESTOR RATE (PIR):

10.5%

INCOME LESS THAN \$14,000

17.5%

INCOME BETWEEN \$14,000-\$48,000

28%

INCOME GREATER THAN \$48,000

A PIR is the tax rate that we calculate the tax on the income we derive from investing your money. Your PIR is based on your taxable income. Please see Section 6 of the Product Disclosure Statement (PDS); or call us or go to www.ird.govt.nz

EMPLOYMENT STATUS

EMPLOYED

SELF-EMPLOYED

NOT EMPLOYED

OCCUPATION (IF APPLICABLE)

NEXT OF KIN DETAILS

NAME

PHONE

RELATIONSHIP

EMAIL

How did you hear about Always-Ethical? (Please select as many that apply)

Friends Social media Online advertising Events Referral _____

Family Radio Online search Other _____

INVESTOR IDENTIFICATION

We have two options for clients to confirm their identity. Please select one of the options below.

Option 1: Electronic Identity Verification and Proof of Address

AE can confirm the identity and/or New Zealand address of many of our clients electronically, with their permission. Please note that we use a third party system not owned by AE to conduct identity checks in this way.

- I confirm that I give AE authority to check my identity and/or address electronically using the documentation provided. **I have included a copy of my current signed NZ passport (preferred) or NZ Driver Licence (front & back).**

Option 2: Certified Copies of Identity Documents

You can provide certified photocopies of your documents (we need the physical copy that has been certified).

- I will provide certified identification documents.
See 'Investor Identification Requirements' for further detail, including who can certify them and correct certification wording.

INVESTOR IDENTIFICATION REQUIREMENTS

If you have opted not to use Electronic Identity Verification or did not pass this system check then you will need to provide the following documentation: **Please provide a certified photocopy of each document:**

- The documents can be verified by AE employee or certified by a Trusted Referee as described below.
- Any certified documents cannot be scanned to us (we need the copy that has been physically certified)
- Please do not send in original versions of your identity documents.

1. CERTIFIED COPY OF IDENTIFICATION

Option 1 One of the following: <input type="checkbox"/> Current signed New Zealand Passport (preferred) <input type="checkbox"/> New Zealand Firearms Licence <input type="checkbox"/> Overseas Passport with proof of NZ residency OR	Option 2 <input type="checkbox"/> New Zealand Driver Licence (front and back) In combination with one of the following: <input type="checkbox"/> Bank statement, dated within the last 12 months <input type="checkbox"/> Valid credit or debit card with name embossed and signature <input type="checkbox"/> Birth certificate <input type="checkbox"/> Citizenship certificate <input type="checkbox"/> Government agency letter (IRD, Work & Income, Electoral Commission) that you received in the post and dated within the last 12 months <input type="checkbox"/> SuperGold card with photo, name and signature
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2. PROOF OF ADDRESS

Must state name and physical address, cannot be a PO Box address.

One of the following documents that has been issues in the last 12 months: <input type="checkbox"/> Bank statement (we accept downloaded bank statements) <input type="checkbox"/> Current vehicle registration <input type="checkbox"/> Current house or contents insurance policy or renewal statement <input type="checkbox"/> Government agency letter (IRD, Work & Income, Electoral Commission)	<input type="checkbox"/> Rates bill <input type="checkbox"/> Tenancy agreement <input type="checkbox"/> Letter issued by local Health Board <input type="checkbox"/> Utility bill (power, water, internet, fixed home phone, SKY)
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ACCEPTED TRUSTED REFEREES

Originals can be verified by an AE employee OR certified by a Trusted Referee in accordance with the instructions outlined below. Certified copies of identification must be presented to AE within three months of certification.

Identification must be certified by one of the following: <ul style="list-style-type: none">• Lawyer with a current practising certificate• Chartered Accountant• Member of the Police• Justice of the Peace• Registered Medical Doctor• Registered Teacher• New Zealand Honorary Consul• Notary Public• A person who has the legal authority to take statutory declarations or the equivalent in New Zealand• If outside New Zealand, a person authorised by law to take a statutory declaration (or equivalent) in that country.
The certifier must: <ul style="list-style-type: none">• For photograhic ID, make the statement "I certify this to be a true copy of the original which I have sighted and represents a true and correct likeness of [name of the person presenting the documentation for certification]."• For certification of other documents, make the statement "I certify this to be a true copy of the original which I have sighted."• Include their name, occupation and capacity to be a certifier e.g. registration number (if applicable), signature and date of certification.• Not be living at the same address, a relative or spouse of the individual presenting the documents.

Source of Funds/Wealth*

Please tell us the original source of the funds you are investing with us. You may need to supply proof of the source of funds such as sale & purchase agreement, payslips, legal documentation.

- Inheritance/windfall Property sale Asset/Business sale Personal income
 Accumulated savings Superannuation Other (please specify) _____

Please provide further details about source of funds. For example, sale of vehicle; 2016 Mazda 3 for NZ\$15,000

Primary Purpose for the Investment*

Please tell us the reason you are investing with AE KiwiSaver Plan*

- Retirement Income Investing Other (please specify) _____

What are your goals/plans for this investment?

How do you intend to transact on this account?

Deposits (please select at least one)

- Regular
 Now and then
 Lump sum (one-off)
 Other (please specify) _____

Withdrawals (please select at least one)

- Regular
 Now and then
 Lump sum (one-off)
 Other (please specify) _____

*Please note, this information is requested solely in relation to the AML/CFT Act and is not used to assess the suitability of your product selection or to provide financial advice.

MAKING CONTRIBUTIONS:

EMPLOYED

If you are employed, your regular contributions will be made by your employer. You advise your employer of the contribution rate (options are 3%, 4%, 6%, 8% and 10%). You can also make voluntary contributions directly to us.

NOT EMPLOYED OR SELF-EMPLOYED

If you are not employed or are self-employed, under 18, retired (and not working), you are not required to make regular contributions but can choose to make voluntary contributions in the following ways:

- Scheduled Automatic Payments from your bank account to us
- One-off payments from your bank account to us
- IRD – using the Pay Tax option on your internet banking. You need to include your IRD number, the tax type 'KSS' and a period '0' (zero)

AE KiwiSaver Plan Bank Account Details

ACCOUNT NAME: AE Nominees Limited
ACCOUNT NUMBER: 12-3198-0066681-02

Please supply the following details when making a payment :

Particulars: Investor First Name

Code: Investor Family Name

Reference: IRD number (8 or 9 digits only – no spaces or extra characters)

IMPORTANT CONDITIONS OF APPLICATION:

APPLICANT UNDER 16:

If the applicant is under 16, both legal guardians must sign on behalf of the applicant and provide required identification documents as outlined in Investor Identification on page 2.

COMPLETED APPLICATION:

Please email to info@always-ethical.com with your supporting documentation.

PRIVACY ACT:

The information you provide us either in this application or in the future may be used by Always-Ethical Limited (the Manager), the Supervisor and any related entities of either, the Financial Markets Authority (FMA), your financial adviser or the distribution entity through which you joined AE KiwiSaver Plan (if applicable), and by other service providers to AE KiwiSaver Plan to provide services in relation to your investment. You may ask to be shown the information held about you, and if any of the information is incorrect, ask for it to be corrected. On request we will also provide you with the name and address of any entity to which information has been disclosed. If you do not provide the information requested on this application form, we may be unable to process your application.

EMAIL CORRESPONDENCE:

By signing this application form, I consent to receive all forms of correspondence via email, or, the online member portal. I also agree to receiving a web link for access to electronic copies of AE KiwiSaver Plan's annual report.

DECLARATION:

I wish to apply for membership of AE KiwiSaver Plan (the Scheme) for me, or, where indicated, for my child or dependant. I confirm that I have read a copy of the Product Disclosure Statement dated 25 June 2024 and agree to be bound by the terms and conditions of the Product Disclosure Statement and trust deed governing the Scheme. I understand that if I am a member of another KiwiSaver scheme, my balance will be transferred to the Scheme upon acceptance of this application. I understand that the Scheme is a long-term investment vehicle and that investments in the Scheme are subject to investment risk and the value of my investment may rise and fall from time to time. I understand the manner in which fees will be deducted from my investment. I acknowledge that neither the Supervisor nor the Manager will be liable to me for any loss as a consequence of any investment direction given in accordance with the trust deed, and that none of the Manager, Supervisor, Crown or any other person guarantees the performance of the Scheme or the repayment of any money payable by the Scheme. I confirm I meet the eligibility criteria for joining the Scheme as set out on page 4 of the Product Disclosure Statement (under the heading "Joining the Scheme").

I/WE CONFIRM THE INFORMATION I/WE HAVE GIVEN ON THIS APPLICATION FORM IS TRUE AND CORRECT.

APPLICANT:

SIGNATURE

DATE (DD/MM/YYYY)

NAME (AS PER PHOTO ID PROVIDED)

FOR APPLICANT UNDER 16

PARENT/GUARDIAN:

SIGNATURE

DATE (DD/MM/YYYY)

NAME (AS PER PHOTO ID PROVIDED)

RELATIONSHIP TO APPLICANT

PARENT/GUARDIAN:

SIGNATURE

DATE (DD/MM/YYYY)

NAME (AS PER PHOTO ID PROVIDED)

RELATIONSHIP TO APPLICANT

WHAT HAPPENS NEXT?

CONFIRMATION OF APPLICATION:

Once we have received your application, we will contact you if we require any further information. If no further information is required, we will send you a welcome letter by email which will also outline your details as we have recorded them in our system.

TRANSFERRING FROM ANOTHER KIWISAVER SCHEME?

If you are already a member of another KiwiSaver scheme, we will arrange with your previous scheme provider to transfer your KiwiSaver savings to AE KiwiSaver Plan. This transfer process may take up to 10 days - this is the maximum period your previous scheme provider has to transfer your savings to your new scheme. Once you join AE KiwiSaver Plan will receive a letter from Inland Revenue which states that you have changed KiwiSaver schemes - this letter only indicates a change in your enrolment and does not necessarily mean that your savings have already been transferred to AE KiwiSaver Plan.

CHECKING YOUR ACCOUNT BALANCE

You are able to check your account balance using our online member portal. We will provide you with your registration details once your application has been processed in our system. We will also send you an annual statement of your account movements by email. Please remember that contributions processed through Inland Revenue (such as employee and employer contributions) may take up to 3 months to reach your KiwiSaver account, which means that your account balance may not match the amounts contributed from your pay immediately.

ANY OTHER INQUIRIES?

If you have any questions about AE KiwiSaver Plan or Always-Ethical's other products, please do not hesitate to contact us using the details below. If you require assistance with your application, please contact us and we can arrange for a team member to assist you.

CONTACT US ALWAYS-ETHICAL LTD	FREEPHONE : 0800 4 262624
	PHONE : +64 9 304 0555
	EMAIL : INFO@ALWAYS-ETHICAL.COM
	WEBSITE : WWW.ALWAYS-ETHICAL.COM