

SAMPLE DOCUMENT

Welcome to ASB

New account and banking
services application - Trust

SETTING UP A FAMILY HOME TRUST BANK ACCOUNT

ASB

SAMPLE DOCUMENT

Welcome to ASB

Thanks for choosing ASB for your banking. We want to help you achieve your business ambitions, through providing the best possible banking and financial management services.

Regulatory requirements

We collect and use the information on this form about your business and its key individuals to meet both our regulatory requirements and responsibilities to you as our customer.

The parts of this form

The first section is the products and services required list, to the right. Simply tick the products and services you'd like from us. Some of these products and services have applications as part of this form, and others are available from your Relationship Manager.

The other sections are:

- A. **Trust information:** Your trust's name, details and important information.
- B. **Control structure:** The people and/or trustee companies that control your trust.
- C. **Additional products and services:** This section covers two key products: FastNet Business, our online banking service for organisations and Visa Business, our credit card facility.
- D. **Key individuals for your trust:** This is where you list the full details of all of the individuals who control your trust or, in the case of non-discretionary trusts, stand to benefit the most from the trust. If they already have a banking relationship with ASB, we may already hold their details on file and will let you know what further information is required.
- E. **Trust Declaration and Trustee Certificate:** This is your agreement to the terms of the products and services we provide to you, and confirms the authority of your designated team members to operate your accounts.

What happens next?

We'll formally identify your trust and key individuals. Once complete, we'll activate your accounts and any services you've requested.

Which products and services do you need?

Transaction and savings accounts

- ☐ Transaction accounts for day-to-day banking
- ☐ Savings accounts for cash reserves

Managing cash flow

- ☐ Online and mobile banking for business
- ☐ Overdrafts for working capital and cash flow management
- ☐ Business credit cards for expense management
- ☐ Professional Trust services for managing trust funds
- ☐ Card Manager for online business credit card management

Accepting payments

- ☐ EFTPOS terminals and online credit card sales
- ☐ Direct debit initiation for your customers
- ☐ Secure cash collection and float management

Business growth

- ☐ Long-term lending to finance growth or transformation
- ☐ Asset Finance for purchasing plant, equipment and vehicles

Investments

- ☐ Term deposits
- ☐ Managed funds

International business tools

- ☐ Foreign currency accounts
- ☐ Financial Markets online FX management
- ☐ International payments online
- ☐ Trade finance lending services

KiwiSaver

- ☐ KiwiSaver

Personal banking

- ☒ Personal banking services for your trustees

Office use only

ASB account number

1	2	3															
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(the "Account")

ASB account number

1	2	3															
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(the "Account")

ASB account number

1	2	3															
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(the "Account")

Nature of business

Please choose

Purpose of relationship

Please choose

This application is made subject to the Business, Rural and Corporate Banking Terms and Conditions including the ASB Guide to Business Banking Fees. You agree that these terms and conditions and the ASB Guide to Business Banking Fees will form the basis of your relationship with us and will apply to all banking accounts, facilities and services we provide to you. Additional terms and conditions may apply to specific products and services. We will provide those to you when you take the product or service.

Section A: Your trust information

This information gives us the basic details about your trust. Please answer all relevant questions in full.

1. Your trust details

a. What is the full name of your trust?

DUCK D & D FAMILY HOME TRUST

b. Is your trust a registered financial service provider?

☐ Yes ☒ No

c. Is your trust a financial institution? (If you are unsure or require clarification on what this means please refer to ird.govt.nz or consult your Tax Advisor.)

☐ Yes ☒ No

d. If a financial institution, please provide GIIN, if applicable

e. Is your trust conducting transactions on behalf of other persons?

☐ Yes ☒ No

f. Is your trust's primary activity selling goods or services? Select 'Yes' if

- the trust earns 50% or more of its total income from these trading activities; AND
- 50% or more of the trust's assets produce or are held for producing this trading income.

☐ Yes ☒ No

g. Is the trust a discretionary trust?

☒ Yes ☐ No

h. What is the trust's source of wealth?

*documentary evidence to verify this will be required

Settlor's gift of \$10 being used to open this account

i. What is the registration/incorporation/formation date of your trust?

1 8 0 8 2 0 1 6

j. What is the annual balance date?

31 March

k. Which country was your trust established in?

☒ NZ ☐ Other (specify)

l. If not established in NZ, what is your trust's foreign tax number?

m. Does your trust have any other banking relationships?

☒ No ☐ Yes (specify)

n. Telephone number

021 1234 56789

o. Physical address

3 Disneyland Lane

Disneyland Heights

Disneyland

p. Postal address (if different from physical address)

q. Registered address (if different from physical or postal address)

r. Fax number (if applicable)

2. Your trust's tax details

s. What is your trust's primary IRD number?

Currently being requested by the IRD

u. Does your trust have a tax exemption?

☒ No ☐ Yes (exemption certificate required)

t. What is your trust's withholding tax rate?

☐ 10.5% ☐ 17.5% ☐ 28% ☐ 30% ☒ 33%

v. Does your trust have Non-Residents – AIL Country Rate status?

☒ No ☐ Yes (proof of non-resident status from IRD required)

Section A: Your trust information (continued)

3. Your trust's account operation

w. How many of your account operators (signatories) will be required to authorise transactions on New Zealand Dollar accounts?

Note: The same signing authorities apply to all suffixes under a unique number.

☒ Any one alone ☐ Any two together ☐ Any three together

x. How many of your account operators (signatories) will be required to authorise instructions on foreign currency accounts?

☐ Any one alone ☐ Any two together ☐ Any three together ☒ Not applicable

List the names of all authorised signatories below and indicate the type of account(s) they have authority for.

Note: All signatories must complete Section D: Key individuals involved with the organisation

Name	Authority
1. Donald Peter Duck	<input checked="" type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
2. Daisy Duck	<input checked="" type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
3.	<input type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
4.	<input type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
5.	<input type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
6.	<input type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
7.	<input type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
8.	<input type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
9.	<input type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
10.	<input type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
11.	<input type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts
12.	<input type="radio"/> Accounts <input type="radio"/> Foreign Currency Accounts

Section B: Your trust's control structure

1. Individuals who are trustees of the trust

a. Full name

Donald Peter Duck

b. Full name

Daisy Duck

c. Full name

d. Full name

e. Full name

f. Full name

g. Full name

h. Full name

Please complete Section D: Key individuals involved with the organisation for every individual trustee. If your trust has more individual trustees, please list them separately by requesting more trust detail forms from your relationship manager.

Section C: Additional products and services

Office use only

FastNet Business fee deduction account

1	2	3													
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

1. FastNet Business

By registering for, and using, FastNet Business you accept and agree to be bound by the FastNet Business Terms and Conditions.

What modules do you require? (*Note: Additional Global Markets documentation may be required)

☐ Transactional Banking ☐ Professional Trust ☐ Financial Markets* ☐ International* ☐ Card Manager

You authorise us to provide all Authorised Signatories, Administrators and Users with access via FastNet Business to the accounts which will allow them to use all available functions and carry out transactions.

Add this new account(s) to existing FastNet Business?

☐ No ☐ Yes - Site number:

--	--	--	--	--	--	--	--	--	--

Customer site preferences

Fee deduction

Transaction fees

☐ Deduct from main transaction account
☐ Deduct from account on which the transaction occurred

Security

Payroll lockdown enabled ☐ Yes ☐ No

Disable mobile access ☐ Yes ☐ No

Password expiry frequency (default 90 days, min 1 day, max 180 days)

☐ 180 days (maximum) ☐ 90 days ☐ 30 days

☐ Other:

--	--	--	--	--	--	--	--	--	--

Contact person details

The contact person's details will be used for FastNet Business communication and Netcode token distribution.

Who will be the contact person for your trust?

--

Phone

--

Contact person position

--

Email

--

FastNet Business Administrators

Please enter the names of your Administrator(s) for FastNet Business.

- Administrators have rights that enable them to add and remove Users and modify a User's profile (including the ability to reset a User password and select the permissions given to Users to operate the accounts), to use all functions and view or transact on the accounts via FastNet Business.
- If you have accounts which need more than one signatory to authorise a payment, you must have at least the same number of Administrators.
- Each Administrator will need to select a unique User ID that will allow sign-on to FastNet Business
- A Netcode token and an initial password will be supplied by ASB
- The User limit is the maximum dollar value an Administrator can authorise per day.
- If you do not specify a User limit, the same limit that applies to your main account will apply for each Administrator.

FastNet Business Administrator details (Administrators need to complete a key individuals page in Section D)

a. Administrator full name

--

User ID (must be 8 characters long and include at least 2 letters and at least 2 numbers)

--	--	--	--	--	--	--	--

User daily payment limit

\$							
----	--	--	--	--	--	--	--

Hours of access (tick one)

☐ Full access (24 hours, 7 days) ☐ Business hours (8am - 6pm, 7 days) ☐ Extended business hours (7am - 7pm, 7 days)

b. Administrator full name

--

User ID (must be 8 characters long and include at least 2 letters and at least 2 numbers)

--	--	--	--	--	--	--	--

User daily payment limit

\$							
----	--	--	--	--	--	--	--

Hours of access (tick one)

☐ Full access (24 hours, 7 days) ☐ Business hours (8am - 6pm, 7 days) ☐ Extended business hours (7am - 7pm, 7 days)

c. Administrator full name

--

User ID (must be 8 characters long and include at least 2 letters and at least 2 numbers)

--	--	--	--	--	--	--	--

User daily payment limit

\$							
----	--	--	--	--	--	--	--

Hours of access (tick one)

☐ Full access (24 hours, 7 days) ☐ Business hours (8am - 6pm, 7 days) ☐ Extended business hours (7am - 7pm, 7 days)

d. Administrator full name

--

User ID (must be 8 characters long and include at least 2 letters and at least 2 numbers)

--	--	--	--	--	--	--	--

User daily payment limit

\$							
----	--	--	--	--	--	--	--

Hours of access (tick one)

☐ Full access (24 hours, 7 days) ☐ Business hours (8am - 6pm, 7 days) ☐ Extended business hours (7am - 7pm, 7 days)

1. FastNet Business (continued)

FastNet Business Users who authorise

Please enter the names of any Users who will authorise transactions on FastNet Business.

Users have rights to access the accounts and to use all functions and view or transact on the accounts via FastNet Business.

- This information will be used to issue the following User(s) with a Netcode token and an initial password.
- Users who do not authorise transactions can be created and managed by the Administrators once FastNet Business is established. Please do not include Administrators or non-authorising Users in this section.

User details (Note: FastNet Business Users need to complete Section D: Key individuals involved with the organisation)

Names of Users who authorise	User ID (must be 8 characters long and include at least 2 letters and at least 2 numbers)
a.	
b.	
c.	
d.	

Nominated account details

Please list the ASB account(s) you would like to access on FastNet Business.

The Approved Limit is the maximum dollar value that could be paid from an account per day using FastNet Business. Approved Limit options are included as a guide only. If you do not specify an Approved Limit, \$250,000 will be loaded against your account(s).

ASB Bank Limited account(s)

Account name	Account number												Approved Limit		
	Bank			Branch			Account						(Select for each account by ticking the option below or nominate your own limit)		
	1	2	3				0						View Only	\$250k	Other
a.													<input type="radio"/>	<input type="radio"/>	\$
b.													<input type="radio"/>	<input type="radio"/>	\$
c.													<input type="radio"/>	<input type="radio"/>	\$
d.													<input type="radio"/>	<input type="radio"/>	\$
e.													<input type="radio"/>	<input type="radio"/>	\$

IP address details - required if Approved Limit is greater than \$2,000,000.00

If your trust has one or more fixed IP addresses, you can limit FastNet Business access to those computers operating from that location, for added security.

- Only fixed (static) Internet-facing IP addresses can be IP address verified.
- Your IT staff should be able to tell you whether you have a fixed (static) Internet-facing IP address, and its details.

IP address(es)

<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"/>

Description (eg. Head Office)

<input type="text"/>
<input type="text"/>
<input type="text"/>

FastNet Business International - only fill out if this module is required, or move onto the next section

To add a new International Module to FastNet Business complete the following section.

- The following services will be loaded against your Division by default: Foreign Currency Account Balances and Transaction History, International Payments, Reports, and Secure Mail.
- The Daily Limit - International Payments is the maximum NZD equivalent value that could be paid from the Division **per day**. It applies to Foreign Currency Accounts and the Financing option. If you do not specify a Daily Limit, NZD250,000 will be loaded against your Division.

Division name

Daily limit - international payments

New Zealand Dollar account(s)

1	2	3				0					
1	2	3				0					
1	2	3				0					

Bank

Branch

Account

Optional International Module Services Required:

- If you require the optional services below please tick the appropriate boxes.
- To help decide which International Module services are right for you, talk to your International Trade Services Manager or Financial Markets Dealer.

☐ Direct Export Collections ☐ Export Letters of Credit ☐ Import Letters of Credit

1. FastNet Business (continued)

Financial Markets – only fill out if this module is required, or move onto next section

The Financial Markets Deal Limit is the maximum NZ Dollar amount that can be transacted per deal.

Division Name

Please load the following Financial Markets Deal Limit for the following Administrator(s):

Name of Administrator	Financial Markets Deal Limit
	NZD\$
	NZD\$
	NZD\$

International Trade Services Manager/Financial Markets Dealer: A completed FastNet Business – Financial Markets Module Checklist must also be submitted.

Additional/New Card Manager Module

Please complete this section to add the Card Manager Module to FastNet Business.

Enter the Business Number(s) for the cards that you would like to manage within the Card Manager Module below.

- You can find the Business Number displayed on Visa Business reports (Business Account Budgetary Control Report or Business Account Cost Analysis Report).
- Only list the Business Number(s) for which you are the signatory/ies.

Business name	Business number									Number of authorisers		
										One	Two	Three
										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Visa Business

This application for Visa Business Cards is made subject to the Credit Cards Conditions of Use and Credit Card Rates and Fees. A Visa Business Rewards card is also available which allows you to earn True Rewards dollars. Visa Business Rewards requires additional information for cardholders, please request a separate application form from your relationship manager.

Business details

Total business limit not to exceed

\$

Cards Administrator name (for reports/operations queries. Please complete a key individual page in Section D for this person.)

Please provide a name of person to address statements and correspondence (if different from Cards Administrator)

Mailing address for card statements (if different from postal address)

☐ Show your Visa Business cards in FastNet Business

Organisation's name on card (20 characters maximum - including spaces)

Schedule of cards to be issued

Complete the schedule below if applying for up to 9 Visa Business Cards. Each cardholder must complete Section D: Key individuals involved with the organisation. If you require Visa Business Cards for 10 or more cardholders, speak to your relationship manager.

On behalf of the business organisation I authorise and request ASB to issue an ASB Visa Business Card to the individuals listed in the below schedule.

First and last name	Card limit	Name to appear on card (20 characters maximum - including spaces)	BANK USE ONLY Customer internal number
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

All Visa Business cards issued will be sent to the trust's address, unless you notify us otherwise.

Direct Debit authority

Please complete this section if you would like to pay off your Visa Business balance via Direct Debit.

To pay your Visa Business account from an ASB account complete the following:

☐ Pay the total balance ☐ Pay the minimum amount due ☐ Pay a fixed amount of \$ ☐ Pay a percentage of the account balance %

Pay above amount from:

☐ ASB account - Nominated ASB account number: 1 2 3

☐ Non-ASB account - Please complete an ASB debit authority form

Please note that all linked Visa Business cards will be paid on the payment due date if you choose to pay by Direct Debit.

Optional - Do you have a preferred payment date for your monthly statement? E.g. the 12th of the month Day (between 1-28)

For bank use only

☐ ID FastNet Business Number ASB Customer Number Annual balance date

Sales officer's signature

Sales officer's name

Authorising officer's signature

Authorising officer's name

Signatures checked

SIGV

CRED

Date stamp

DOMBR

Opened with Business Focus account ☐ Yes ☐ No

Note: Please attach a current credit check.

Section D: Key individuals involved with the organisation

A Key Individual's Page needs to be completed by all individuals with more than 25% interest and/or effective control of your entity, and those people with any of the roles listed below. Only one form per person is required, no matter how many roles or functions they hold. Identification, proof of address and specimen signature is required for all Key individuals, if not already held by ASB.

Individual 1

Organisation relationship

What is your relationship to the organisation (select all that apply)

Relationship to the organisation	Authorities/Mandates	Other functions
<input type="radio"/> Chairman	<input checked="" type="radio"/> Authorised signatory	<input type="radio"/> Fastnet Business Administrator
<input type="radio"/> Director	<input type="radio"/> Authorised signatory - Foreign Currency Account	<input type="radio"/> Fastnet Business user who authorises
<input type="radio"/> Treasurer		<input type="radio"/> Visa Business Administrator
<input type="radio"/> Secretary		<input type="radio"/> Visa Business Cardholder (must be at least 18 years old)
<input type="radio"/> Director of trustee company		
<input type="radio"/> Shareholder with greater than 25% interest		
<input type="radio"/> Shareholder with greater than 25% interest in shareholding organisation		
<input type="radio"/> Professional/Independent trustee		
<input checked="" type="radio"/> Trustee		
<input type="radio"/> Trustee company representative able to act as a trustee		
<input type="radio"/> Protector/Appointer		
<input checked="" type="radio"/> Settlor		
<input type="radio"/> Executor/Administrator		
<input type="radio"/> Partner		
<input type="radio"/> Limited Partner		
<input type="radio"/> General Partner/Director of General Partner		
<input type="radio"/> Non-discretionary beneficiary with greater than 25% interest in trust		

Personal details

What is your full name?

Donald Peter Duck

Date of birth

0 9 0 6 1 9 7 6

Country(s) of citizenship

☒ NZ

☐ Other (specify)

Country(s) of Tax Residence* (if more than one please specify all, including New Zealand)

New Zealand

Tax Identification Numbers (including NZ IRD number)

123456789

*These are the countries that have the right to tax your world-wide income.

Are you an existing ASB customer?

☒ Yes

☐ No

Email address

donald.duck@disneyland.com

Telephone number

NZ mobile number

021 1234 56789

Physical address

3 Disneyland Lane

Disneyland Heights

Disneyland

Postal address (if different from physical address)

Password: All individuals associated with a customer of ASB are required to have a password for identification purposes. Password should be 8 characters - 6 alpha, 2 numeric.

Confidentiality of your information

The Business, Rural and Corporate Banking Terms and Conditions and the Credit Card Conditions of Use set out how we will use information we collect about you and with whom we can share it. We may confirm your identity and address by electronically matching information you provide us with identification information in third party databases.

If the entity has applied for a Visa Business Card for you or the entity has applied for a Visa Business Card account, you authorise us to:

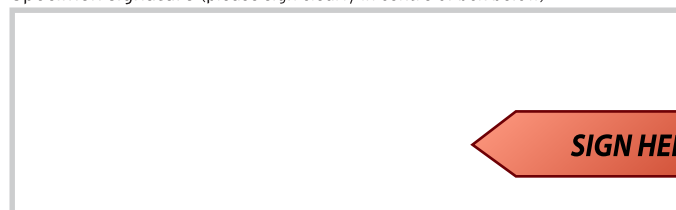
- Make credit checks, confirm your identity and make other enquiries with credit reporting agencies, other credit providers and third party databases. You also authorise those parties to provide such information to us.
- Disclose your information (including default information and ongoing credit account information) to credit reporting agencies who will hold and use that information to provide their credit reporting services. This will mean that they may disclose any information they hold about you to eligible customers of their credit reporting services.


If you are an individual, you also confirm that you are not an undischarged bankrupt, not liable under any proceedings; and have not applied for entry to or been admitted to the no asset procedure under the Insolvency Act 2006, or its amendments; and you will advise us should this change.

Your information will be held by us, ASB Bank Limited, at ASB North Wharf, 12 Jellicoe Street, Auckland, 1010. You have rights of access to, and correction of, personal information (as defined in the Privacy Act 1993) held by us.

Signature

Specimen signature (please sign clearly in centre of box below)





Date

D D M M Y Y Y Y

For bank use only

Internal number:

Key individuals name:

Section D: Key individuals involved with the organisation (continued)

A Key Individual's Page needs to be completed by all individuals with more than 25% interest and/or effective control of your entity, and those people with any of the roles listed below. Only one form per person is required, no matter how many roles or functions they hold. Identification, proof of address and specimen signature is required for all Key individuals, if not already held by ASB.

Individual 2

Organisation relationship

What is your relationship to the organisation (select all that apply)

Relationship to the organisation	Authorities/Mandates	Other functions
<input type="radio"/> Chairman	<input checked="" type="checkbox"/> Authorised signatory	<input type="radio"/> Fastnet Business Administrator
<input type="radio"/> Director	<input type="checkbox"/> Authorised signatory - Foreign Currency Account	<input type="radio"/> Fastnet Business user who authorises
<input type="radio"/> Treasurer		<input type="radio"/> Visa Business Administrator
<input type="radio"/> Secretary		<input type="radio"/> Visa Business Cardholder (must be at least 18 years old)
<input type="radio"/> Director of trustee company		
<input type="radio"/> Shareholder with greater than 25% interest		
<input type="radio"/> Shareholder with greater than 25% interest in shareholding organisation		
<input type="radio"/> Professional/Independent trustee		
<input checked="" type="checkbox"/> Trustee		
<input type="radio"/> Trustee company representative able to act as a trustee		
<input type="radio"/> Protector/Appointer		
<input checked="" type="checkbox"/> Settlor		
<input type="radio"/> Executor/Administrator		
<input type="radio"/> Partner		
<input type="radio"/> Limited Partner		
<input type="radio"/> General Partner/Director of General Partner		
<input type="radio"/> Non-discretionary beneficiary with greater than 25% interest in trust		

Personal details

What is your full name?

Daisy Duck

Telephone number

NZ mobile number

022 345 6789

Date of birth

1 0 1 0 1 9 7 7

Physical address

3 Disneyland Lane

Disneyland Heights

Disneyland

Country(s) of citizenship

☒ NZ

☐ Other (specify)

Country(s) of Tax Residence* (if more than one please specify all, including New Zealand)

Tax Identification Numbers (including NZ IRD number)

234567891

Postal address (if different from physical address)

*These are the countries that have the right to tax your world-wide income.

Are you an existing ASB customer?

☒ Yes

☐ No

Email address

daisy.duck@disneyland.com

Password: All individuals associated with a customer of ASB are required to have a password for identification purposes. Password should be 8 characters - 6 alpha, 2 numeric.

Confidentiality of your information

The Business, Rural and Corporate Banking Terms and Conditions and the Credit Card Conditions of Use set out how we will use information we collect about you and with whom we can share it. We may confirm your identity and address by electronically matching information you provide us with identification information in third party databases.

If the entity has applied for a Visa Business Card for you or the entity has applied for a Visa Business Card account, you authorise us to:

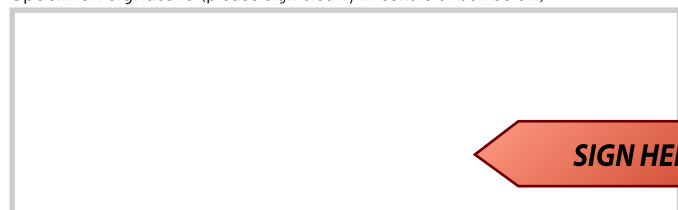
- Make credit checks, confirm your identity and make other enquiries with credit reporting agencies, other credit providers and third party databases. You also authorise those parties to provide such information to us.
- Disclose your information (including default information and ongoing credit account information) to credit reporting agencies who will hold and use that information to provide their credit reporting services. This will mean that they may disclose any information they hold about you to eligible customers of their credit reporting services.

If you are an individual, you also confirm that you are not an undischarged bankrupt, not liable under any proceedings; and have not applied for entry to or been admitted to the no asset procedure under the Insolvency Act 2006, or its amendments; and you will advise us should this change.

Your information will be held by us, ASB Bank Limited, at ASB North Wharf, 12 Jellicoe Street, Auckland, 1010. You have rights of access to, and correction of, personal information (as defined in the Privacy Act 1993) held by us.

Signature

Specimen signature (please sign clearly in centre of box below)



SIGN HERE

Date

D D M M Y Y Y Y

For bank use only

Internal number:

Key individuals name:

Section D: Key individuals involved with the organisation (continued)

A Key Individual's Page needs to be completed by all individuals with more than 25% interest and/or effective control of your entity, and those people with any of the roles listed below. Only one form per person is required, no matter how many roles or functions they hold. Identification, proof of address and specimen signature is required for all Key individuals, if not already held by ASB.

Individual 3

Organisation relationship

What is your relationship to the organisation (select all that apply)

Relationship to the organisation	Authorities/Mandates	Other functions
<div><div><input type="radio"/> Chairman</div><div><input type="radio"/> Director</div><div><input type="radio"/> Treasurer</div><div><input type="radio"/> Secretary</div><div><input type="radio"/> Director of trustee company</div><div><input type="radio"/> Shareholder with greater than 25% interest</div><div><input type="radio"/> Shareholder with greater than 25% interest in shareholding organisation</div><div><input type="radio"/> Professional/Independent trustee</div><div><input type="radio"/> Trustee</div></div> <div><div><input type="radio"/> Trustee company representative able to act as a trustee</div><div><input type="radio"/> Protector/Appointer</div><div><input type="radio"/> Settlor</div><div><input type="radio"/> Executor/Administrator</div><div><input type="radio"/> Partner</div><div><input type="radio"/> Limited Partner</div><div><input type="radio"/> General Partner/Director of General Partner</div><div><input type="radio"/> Non-discretionary beneficiary with greater than 25% interest in trust</div></div>		

☐ Authorised signatory

☐ Authorised signatory - Foreign Currency Account

☐ Fastnet Business Administrator

☐ Fastnet Business user who authorises

☐ Visa Business Administrator

☐ Visa Business Cardholder (must be at least 18 years old)

Personal details

What is your full name?

Date of birth

D

D

M

M

Y

Y

Y

Y

Country(s) of citizenship

☐ NZ

☐ Other (specify)

Country(s) of Tax Residence* (if more than one please specify all, including New Zealand)

Tax Identification Numbers (including NZ IRD number)

*These are the countries that have the right to tax your world-wide income.

Are you an existing ASB customer?

☐ Yes

☐ No

Email address

Telephone number

NZ mobile number

Physical address

Postal address (if different from physical address)

Password: All individuals associated with a customer of ASB are required to have a password for identification purposes. Password should be 8 characters - 6 alpha, 2 numeric.

Confidentiality of your information

The Business, Rural and Corporate Banking Terms and Conditions and the Credit Card Conditions of Use set out how we will use information we collect about you and with whom we can share it. We may confirm your identity and address by electronically matching information you provide us with identification information in third party databases.

If the entity has applied for a Visa Business Card for you or the entity has applied for a Visa Business Card account, you authorise us to:

- Make credit checks, confirm your identity and make other enquiries with credit reporting agencies, other credit providers and third party databases. You also authorise those parties to provide such information to us.
- Disclose your information (including default information and ongoing credit account information) to credit reporting agencies who will hold and use that information to provide their credit reporting services. This will mean that they may disclose any information they hold about you to eligible customers of their credit reporting services.

If you are an individual, you also confirm that you are not an undischarged bankrupt, not liable under any proceedings; and have not applied for entry to or been admitted to the no asset procedure under the Insolvency Act 2006, or its amendments; and you will advise us should this change.

Your information will be held by us, ASB Bank Limited, at ASB North Wharf, 12 Jellicoe Street, Auckland , 1010. You have rights of access to, and correction of, personal information (as defined in the Privacy Act 1993) held by us.

Signature

Specimen signature (please sign clearly in centre of box below)

Date

D

D

M

M

Y

Y

Y

Y

For bank use only

Internal number:

Key individuals name:

Page 12 of 15 - Trust

Section D: Key individuals involved with the organisation (continued)

A Key Individual's Page needs to be completed by all individuals with more than 25% interest and/or effective control of your entity, and those people with any of the roles listed below. Only one form per person is required, no matter how many roles or functions they hold. Identification, proof of address and specimen signature is required for all Key individuals, if not already held by ASB.

Individual 4

Organisation relationship

What is your relationship to the organisation (select all that apply)

Relationship to the organisation	Authorities/Mandates	Other functions
<div><div><input type="radio"/> Chairman</div><div><input type="radio"/> Director</div><div><input type="radio"/> Treasurer</div><div><input type="radio"/> Secretary</div><div><input type="radio"/> Director of trustee company</div><div><input type="radio"/> Shareholder with greater than 25% interest</div><div><input type="radio"/> Shareholder with greater than 25% interest in shareholding organisation</div><div><input type="radio"/> Professional/Independent trustee</div><div><input type="radio"/> Trustee</div></div> <div><div><input type="radio"/> Trustee company representative able to act as a trustee</div><div><input type="radio"/> Protector/Appointer</div><div><input type="radio"/> Settlor</div><div><input type="radio"/> Executor/Administrator</div><div><input type="radio"/> Partner</div><div><input type="radio"/> Limited Partner</div><div><input type="radio"/> General Partner/Director of General Partner</div><div><input type="radio"/> Non-discretionary beneficiary with greater than 25% interest in trust</div></div>		

Personal details

What is your full name?

Date of birth

D

D

M

M

Y

Y

Y

Y

Country(s) of citizenship

☐ NZ

☐ Other (specify)

Country(s) of Tax Residence* (if more than one please specify all, including New Zealand)

Tax Identification Numbers (including NZ IRD number)

*These are the countries that have the right to tax your world-wide income.

Are you an existing ASB customer?

☐ Yes

☐ No

Email address

Telephone number

NZ mobile number

Physical address

Postal address (if different from physical address)

Password: All individuals associated with a customer of ASB are required to have a password for identification purposes. Password should be 8 characters – 6 alpha, 2 numeric.

Confidentiality of your information

The Business, Rural and Corporate Banking Terms and Conditions and the Credit Card Conditions of Use set out how we will use information we collect about you and with whom we can share it. We may confirm your identity and address by electronically matching information you provide us with identification information in third party databases.

If the entity has applied for a Visa Business Card for you or the entity has applied for a Visa Business Card account, you authorise us to:

- Make credit checks, confirm your identity and make other enquiries with credit reporting agencies, other credit providers and third party databases. You also authorise those parties to provide such information to us.
- Disclose your information (including default information and ongoing credit account information) to credit reporting agencies who will hold and use that information to provide their credit reporting services. This will mean that they may disclose any information they hold about you to eligible customers of their credit reporting services.

If you are an individual, you also confirm that you are not an undischarged bankrupt, not liable under any proceedings; and have not applied for entry to or been admitted to the no asset procedure under the Insolvency Act 2006, or its amendments; and you will advise us should this change.

Your information will be held by us, ASB Bank Limited, at ASB North Wharf, 12 Jellicoe Street, Auckland , 1010. You have rights of access to, and correction of, personal information (as defined in the Privacy Act 1993) held by us.

Signature

Specimen signature (please sign clearly in centre of box below)

Date

D

D

M

M

Y

Y

Y

Y

For bank use only

Internal number:

Key individuals name:

Section E: Trust Declaration and Trustee Certificate

1. Trust Declaration

The trustees of the Trust declare that:

- (a) The persons listed in Part 3 of Section A with the "Accounts" option selected are the persons authorised by the trustees of the trust to give any instructions and other communications, to operate the accounts and other services provided to the Trust by ASB, and take any other actions required under or in connection with this document and the transactions contemplated by this document, on behalf of the Trust.
- (b) The persons listed in Part 3 of Section A with the "Foreign Currency Accounts" option selected are the persons authorised by the trustees of the Trust to give instructions and other communications in relation to the foreign currency accounts, to operate the foreign currency accounts and other related services provided to the Trust by ASB, and take any other actions required under or in connection with the foreign currency accounts, on behalf of the Trust.
- (c) They agree to the Business, Rural and Corporate Banking Terms and Conditions, and the FastNet Business Terms and Conditions, the Foreign Currency Account and Global Markets Term Deposit Terms and Conditions and Credit Card Conditions of Use where applying for these products and services.
- (d) All information provided to ASB is complete and accurate and no information has been withheld on the Trust's financial position or commitments that might affect ASB's decision to provide accounts, facilities and services to the Trust.

Dated the _____ day of _____

Signed by the trustees of the Trust:

Name of Trustee

Donald Peter Duck

Position/Designation

Settlor, Trustee and Authorised Signatory

Signature

SIGN HERE

Name of Trustee

Daisy Duck

Position/Designation

Settlor, Trustee and Authorised Signatory

Signature

SIGN HERE

Name of Trustee

Position/Designation

Signature

Name of Trustee

Position/Designation

Signature

NOTE - To be signed by all trustees of the trust. If a trustee is a company, that trustee to sign:

- (a) by one director if there is only one director;
- (b) by two directors, if there are two or more directors; or
- (c) by authorised signatory/signatories of the company.

Section E: Trust Declaration and Trustee Certificate

2. Trustee Certificate

TO: **ASB Bank Limited ("ASB")**

RE: **New account and banking services application - Trust (the "Document")**

I/We (insert full names of all current trustees),

Donald Peter Duck

Daisy Duck

(a "trustee" or the "trustees")

of (Specify the name of the trust)

DUCK D & D FAMILY HOME TRUST

(the "Trust")

properly constituted by deed of trust dated

18th

day of

August 2016

("Trust Deed")

certify after having made all due and proper enquiries as follows:

1. Existence of Trust

The Trust has been duly constituted under the Trust Deed and has not been terminated.

2. Name of Trust

The name of the Trust as it appears in the Trust Deed is set out above. There has been no change to that name.

3. Current Trustees

Each of the above names trustees is a current and validly appointed trustee of the Trust and there are no other Trustees of the Trust.

4. Power and Authority

The trustees have the power and authority to enter into and perform the Document and the transactions contemplated by it (the "Transactions").

5. Trustee Resolutions

All trustee resolutions and approvals required by law and necessary pursuant to the above mentioned Trust Deed have been or will be passed or given to enable the Trust to enter into the Document and perform the Transactions.

6. Trustee Compliance

The trustee(s) in approving the execution of the Document and performance of the Transactions have acted or will act in compliance with the duties imposed on the trustee(s) at law. I consider (after taking into account all relevant considerations), that entry into and performance of the Document and Transactions are in the best interests of the Trust. I acknowledge and agree that ASB is not obliged to check or verify that the Trust is acting in accordance with the Trust Deed.

7. Alteration to Trustees, Trustee Powers and Trust Deed

Where there is any alteration to the trustee(s) named above or any change to the Trust Deed or any trustee power which may adversely affect ASB, ASB will be notified immediately and a new trustee certificate completed and forwarded to ASB.

8. Validity of Transactions

The Transactions and the Document have been validly entered into by the Trust and are or will be binding on the Trust and the Document are enforceable against the Trust.

9. Execution of Documents

The Document has been properly signed by the trustees on behalf of the Trust.

10. No Invalidity

To the best of my knowledge and belief I am not aware of any circumstances which would invalidate any of the Transactions or the Document.

11. No proceedings

To the best of my knowledge and belief, no proceedings or steps have been taken to wind up or terminate the Trust or are intended or anticipated by the trustees.

Dated the _____ day of _____

This Certificate signed by:

Name of Trustee

Donald Peter Duck

Signature

SIGN HERE

Name of Trustee

Daisy Duck

Signature

SIGN HERE

Name of Trustee

Signature

Name of Trustee

Signature

Name of Trustee

Signature

Name of Trustee

Signature