



CHRIS LEE & PARTNERS

TRUST OR COMPANY - NEW CLIENT APPLICATION FORM

Thank you for choosing Chris Lee & Partners as your Investment Adviser. If you require any assistance while completing this form, please contact our office.

This form is required to be completed in order for Chris Lee & Partners to provide services to you, including Financial Advice or Transactional Services.

The information requested enables us to understand your investment objectives and risk tolerance. Our advisers use this information to assist them in making investment recommendations. They may also form their own assessment following discussions with you.

The information contained within this form is confidential and will not be used for any purpose other than as a basis for providing services to you.

We encourage clients to ensure this information is kept up to date. Situations may occur over time that alter your circumstances. If the information contained in this form is incorrect, this may affect the financial advice that is provided.

Note that some areas of advice are excluded from our consideration when providing financial advice. This includes but is not limited to: insurance, budgeting, mortgage and taxation. Chris Lee & Partners recommends you seek a specialist financial services provider for advice on these areas.

Important note: If you are completing this form in the capacity of a Trustee, Executor, Director or Shareholder, it is your responsibility to ensure all information provided reflects the requirements of the entity, including any requirements detailed in the Trust Deed or equivalent document. When applying in a capacity that includes multiple applicants we ask that the information provided reflects a consensus view of the applicants.

OUR SERVICES:

1. **WEALTH MANAGEMENT SERVICE.** This is our top-tier service, which offers comprehensive, proactive financial advice. Assets are held in custody, providing a complete wealth package that combines financial advice and management into one cohesive service.
2. **SELF-MANAGED FINANCIAL ADVICE SERVICE:** This service is designed for investors who want to manage their own portfolio while seeking input and advice from our financial advisors before making decisions.
3. **TRANSACTIONAL ONLY SERVICE:** This service is suitable for clients wanting to buy or sell investments, without the provision of Financial Advice.

1. WEALTH MANAGEMENT SERVICE – 0.50%+GST P.A.

Our Wealth Management Service offers comprehensive, proactive financial advice and is tailored to meet the needs of most of our clients. Assets are held in custody, providing a complete wealth package that combines financial advice and management into one cohesive service.

2. FINANCIAL ADVICE SERVICE – SELF MANAGED – \$595+GST P.A.

Our Financial Advice Service is our self-managed advice service and is tailored to meet the needs of our clients who wish to self-manage their portfolio. We provide general financial advice specific to the New Zealand and Australian stock exchanges, including advice around portfolio construction and investment strategy.

3. TRANSACTIONAL ONLY SERVICE

Our Transactional Service is designed to accommodate clients who do not require Financial Advice but require access to financial markets to buy and sell listed securities. Users of this service can contact our advisors to place orders to buy or sell listed shares or bonds only. If requested, clients can access our reporting software for an annual fee of \$170+GST P.A.

OPTIONAL ADD ON – PERSONALISED REPORTING FOR ADVISED CLIENTS – \$905+GST P.A.

Our Personalised Reporting Add-On Service is for investors seeking quarterly reports from our advisors with personalised recommendations regarding their portfolio. This is in addition to our Financial Advice Service.

OPTIONAL ADD ON – CASH MANAGEMENT ACCOUNT – NO CHARGE

CLP has selected ANZ Bank to provide on-call cash management account services to our clients. We have selected ANZ Bank to ensure that your investment funds are managed by one of NZ's strongest banks. The interest rate for NZD deposits is currently 3.00% per annum (subject to change). The funds are at call with no minimum holding period or regular deposits required. Interest is calculated daily and paid monthly.

ACCOUNT DETAILS

All clients must complete this section.

Account Type:	<input type="checkbox"/> Trust	<input type="checkbox"/> Company
Advised Service Level:	<input type="checkbox"/> Wealth Management	<input type="checkbox"/> Financial Advice (Self-Managed)
Non-Advised Service Level:	<input type="checkbox"/> Transactional Only	
Add-ons For Advised Clients:	<input type="checkbox"/> Personalised Reporting	<input type="checkbox"/> Cash Management (currently 3.00% PA)
Add-ons For Transactional Clients:	<input type="checkbox"/> Portfolio Reporting	<input type="checkbox"/> Cash Management (currently 3.00% PA)
Name of Company or Trust: _____		
IRD Number for Entity: _____		
Bank Account Number: _____		
Common Shareholder Number (CSN): _____ FIN Number (please call this through)		
Tax Rate: <input type="checkbox"/> 10.50% <input type="checkbox"/> 17.50% <input type="checkbox"/> 28% <input type="checkbox"/> 30% <input type="checkbox"/> 33% <input type="checkbox"/> 39%		

CONTACT DETAILS

PRIMARY CONTACT

Full name:	_____		
Address:	_____		
	Street address		
	City	Region or Country	Post Code
Date of Birth:	_____	Email:	_____
Phone:	_____	IRD Number:	_____

Relationship to account (not applicable to individual or joint accounts):

<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	<input type="checkbox"/> Executor
<input type="checkbox"/> Shareholder %____ Owned	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other: _____

SECONDARY CONTACT

Full name:	_____		
Address:	_____		
	Street address		
	City	Region or Country	Post Code
Date of Birth:	_____	Email:	_____
Phone:	_____	IRD Number:	_____

Relationship to account (not applicable to individual or joint accounts):

<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	<input type="checkbox"/> Executor
<input type="checkbox"/> Shareholder %____ Owned	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other: _____

ADDITIONAL CONTACT

Full name:	<hr/>		
Address:	<hr/>		
	<small>Street address</small>		
	<hr/>	<hr/>	<hr/>
	<small>City</small>	<small>Region or Country</small>	<small>Post Code</small>
Date of Birth:	<hr/>	Email:	<hr/>
Phone:	<hr/>	IRD Number:	<hr/>

Relationship to account (not applicable to individual or joint accounts):

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Director | <input type="checkbox"/> Trustee | <input type="checkbox"/> Executor |
| <input type="checkbox"/> Shareholder %___ Owned | <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Other: <hr/> |

OTHER KEY PERSONS:

Please provide details of Key persons (ie: Trustees, Directors, Power Of Attorneys, Shareholders, Beneficiaries, Nominee Director)

Name	Relationship	Authorised
<hr/>	<hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>

Key Persons must provide all identification

CLIENT PROFILE

This section allows us to better understand your needs and investment goals. This information can be updated at any time, and we encourage clients to notify us whenever significant changes occur.

NATURE AND PURPOSE OF BUSINESS RELATIONSHIP

Primary Reason for investment:

☐ Income Generation

☐ Capital Growth

☐ Capital Preservation

☐ Investment for retirement

☐ Diversification

☐ Other: _____

☐ Buy & Hold

☐ Trade on a regular basis

Hold or Trade?:

What is the total amount you expect to invest?

\$ _____

What amount would you like to allocate to each individual investment?

\$ _____

Where are the funds you are using for investment coming from?

☐ Employment

☐ Savings

☐ Inheritance

☐ Sale of Asset

☐ Gift

☐ Other: _____

PORTFOLIO INVESTMENT POLICY *will there be any ethical issues to consider or securities or sectors to exclude?*

CURRENT FINANCIAL POSITION

	ASSETS	LIABILITIES
Home	\$ _____	\$ _____
Investment Properties	\$ _____	\$ _____
Bank Deposits & Cash	\$ _____	\$ _____
Existing Investment Portfolio	\$ _____	\$ _____
Other Assets (list below)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

Total Current Income p.a. (Gross)

Tax Rate

ADDITIONAL FINANCIAL INFORMATION

RISK TOLERANCE:

This section allows us to better understand your tolerance for risk. Please answer all the questions listed below.

Which of these statements best describes your attitude towards risk and return?

- ☐ I wish to protect my wealth, avoid volatility and risk, accepting a lower rate of return
- ☐ I prefer most of my investments to be low risk, with small levels of exposure to higher risk.
- ☐ I am willing to take some risk to produce higher returns.
- ☐ I am willing to take higher levels of risk and invest for longer periods of time to produce higher returns.
- ☐ I am willing to take very high levels of risk and endure market volatility to seek higher returns.

Which of these statements best describes your experience with financial products and markets?

- ☐ No experience
- ☐ Limited experience
- ☐ Some experience
- ☐ Significant experience

How long do you currently anticipate the funds to be invested for?

- ☐ Short-term (0-4 years)
- ☐ Medium-term (5-10 years)
- ☐ Long-term (10 years +)

What level of priority do you assign to generating income (through dividends and interest) from this portfolio?

- ☐ Primary Focus – Generating income is the top priority for this portfolio
- ☐ Considerable Importance – Generating income is a major aspect of this portfolio's strategy
- ☐ Secondary Consideration – Income generation is a consideration but not a key priority
- ☐ Not a Consideration – This portfolio does not require income generation

Do you intend to make a substantial capital withdrawal within the next 10 years?

- ☐ Yes
- ☐ No

You are required to define an Investment Policy setting (ONE only)

Selection	Investment Policy	Fixed Interest	Property Shares	Shares (non- property)	Maximum Single Holding %
<input type="checkbox"/>	Capital Preservation	100%	0%	0%	7%
<input type="checkbox"/>	Conservative	70%	5%	25%	7%
<input type="checkbox"/>	Balanced	55%	10%	35%	7%
<input type="checkbox"/>	Growth	30%	15%	55%	10%
<input type="checkbox"/>	Aggressive	5%	15%	80%	10%
<input type="checkbox"/>	Client Defined	____%	____%	____%	____%

NOTE - It is important to notify us should your attitude to risk change.

SOURCE AND ORIGATION OF THE ENTITY'S WEALTH

As a 'Reporting Entity' under the Anti Money Laundering legislation we are obliged to discover the 'Source of Wealth or Funds' for clients and to verify the information. We offer this template as a helpful guide and appreciate all evidence that you can provide.

Name of entity:		
Information Sought	Definitions	CLP Verified
Responsible Person(s) (Settlers for a Trust, Trustees, Shareholders for a company, Directors)		
Employment Status (employed, self-employed, not employed, retired)		
Date Entity Established and the main purpose of the entity (why does it exist?).		
Initial assets of the entity and the initial dollar value of the assets		
<p>Origination of the source of the funds of the entity (how did the funds initially get deposited into the entity?)</p> <p>Proof must be provided. We also require verified copies of documents to confirm this information, as applicable. This may include:</p> <p>Pay slips from your employer/detailed business financial statements.</p> <p>A copy of a Sale and Purchase Agreement.</p> <p>A copy of a will or other document relating to a gift or inheritance</p>		
Typical types of assets that are held in the entity		
Contributing amounts to scale of portfolio (savings, inheritance, gift, winnings, other)		
Any agents assisting: (accountants, lawyers, bankers etc):		
Other helpful information that helps is understand the entities source of wealth.		

I understand that a Reporting Entity under the Anti Money Laundering and Countering Financing of Terrorism Act may seek further information from the trust relating to its legal obligations.

Name: _____

Signature: _____ Date: _____

SUPPORTING EVIDENCE

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 places obligations on us to gather defined information from customers and to report any suspicious transactions. Specifically, we must have proven the identity of clients and their representatives (such as person with Power of Attorney) by receiving copies of the following:

- Passport, driving licence or firearms licence for all related persons;
- Address Verification for all related persons;
- Bank Account verification to support payments to the correct entity;
- Source of Wealth – we may ask for verification of how the wealth was achieved.
- The document showing proof of legal name and date of birth must be verified as 'true copy' either by way of us meeting you face to face, or certified by a trusted referee (cannot be associated with the client), being one of: Justice of the Peace, registered teacher, police officer, lawyer, registered medical doctor, notary public, minister of religion or Member of Parliament. Certification must include the name, occupation and signature of the referee and the date of certification must be no more than three months prior to presentation.

See further explanation under Verification Process.

Bank Account Number:	<i>Have you supplied verification of your bank account?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust Deed	<i>Have you supplied verification of your Trust Deed?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:	<i>Have you supplied verification of your address?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identification:	<i>Have you supplied JP certified copies of ID?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disclosure Statement	<i>Have you read our Disclosure Statement?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wholesale Investor	<i>Are you a Wholesale Investor* as defined in the FMC Act?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Politically Exposed Person	<i>Are you Politically Exposed (PEP)**?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Wholesale investors are typically people or organisations who are professional investors who have significant previous investing experience that means they don't require disclosure. A separate declaration form must also be filled out.

**A PEP is a person, an immediate family member of that person, or someone who has close business ties to that person, who is or has been in the last 12 months in a prominent public position in an overseas country. For example, a head of state, senior politician, or an official with a public profile.

DISCLOSURES AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I/we request that Chris Lee & Partners Limited accept me/us as a client and open an account in my/our name(s).

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

VERIFICATION PROCESS

To comply with our obligations under the Anti-Money Laundering and Countering the Financing of Terrorism Act, we are required to confirm all persons' and associates' legal name and date of birth. As part of this process, you are required to supply independently certified supporting documentation. Our advisers are able to sight these documents in person.

Alternatively, these documents can be certified by either a Justice of the Peace, a New Zealand Chartered Accountant, a lawyer, a Notary Public, a member of the New Zealand Police or a Member of Parliament. The certifier must sight the original document and confirm that the colour copy of the document is a true copy and representative of the identity of the document holder.

Certification must be dated within three months of our receipt of the document.

We provide the following example of wording that can be used for such certification:

The documents provided are a true copy and represent the identity of the named individual. Signature, name, occupation, date.

IDENTIFICATION REQUIREMENTS

All clients, including all directors, trustees, authorised persons and shareholders with a shareholding greater than 25%, **MUST** provide certified copies of the following:

One form of primary photo ID

- New Zealand passport
- New Zealand certificate of identity
- New Zealand refugee travel documentation
- Emergency travel document
- New Zealand firearms licence
- Signed overseas passport
- National ID card.

Or

One form of primary non-photo ID

- New Zealand full birth certificate
- Certificate of New Zealand citizenship
- Overseas citizenship certificate
- Overseas birth certificate.

AND

One form of secondary photo ID:

- New Zealand driver licence
- New Zealand Defence photo ID
- Police Photo ID
- 18+ card or Kiwi Access Card
- International Driving Permit.

Or

A New Zealand driver licence

AND

One of

- New Zealand Defence Photo ID
- Police Photo ID
- Signed SuperGold Card
- A bank statement issued by a registered bank within the last 3 months
- A credit card or EFTPOS card (both sides) issued by a New Zealand Bank
- A statement or document issued by a Central Government Agency or Crown entity addressed to the customer within the last 12 months.

BANK VERIFICATION REQUIREMENTS

We require bank verification for each account (individual, joint, trust, company). Please supply one of:

- Copy of a bank statement (not a screen shot) not less than three months old
- Proof of account from your bank
- Deposit slip

ADDRESS VERIFICATION REQUIREMENTS

If your bank statement or proof of bank account does not show your address, we require one of the options below for your proof of address. Document must be dated within the last six months and show your name and current New Zealand residential address.

- Utilities bill
- Rates bill
- A statement issued to you by a government agency, such as the IRD.