

# TERM DEPOSIT INVESTMENT APPLICATION



Get in touch | **email** [invest@libfin.co.nz](mailto:invest@libfin.co.nz) | **phone** 0800 003 391  
**alt. phone** 09 375 0700 | **fax** 09 375 0716 | **web** [libfin.co.nz](http://libfin.co.nz)  
**post** PO Box 4295, Shortland Street, Auckland 1140, New Zealand

## PERSONAL DETAILS

	APPLICANT 1	APPLICANT 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
First/Middle name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Contact information (2 minimum)	Home: <input type="text"/> Work: <input type="text"/> Mobile: <input type="text"/> Fax: <input type="text"/> Email: <input type="text"/>	Home: <input type="text"/> Work: <input type="text"/> Mobile: <input type="text"/> Fax: <input type="text"/> Email: <input type="text"/>
Home address	Street: <input type="text"/> Suburb: <input type="text"/> Town/City: <input type="text"/> Postcode: <input type="text"/>	Street: <input type="text"/> Suburb: <input type="text"/> Town/City: <input type="text"/> Postcode: <input type="text"/>
Status	<input type="checkbox"/> AU/NZ Citizen or Permanent Resident <input type="checkbox"/> Maori Authority <input type="checkbox"/> US Person <input type="checkbox"/> None	<input type="checkbox"/> AU/NZ Citizen or Permanent Resident <input type="checkbox"/> Maori Authority <input type="checkbox"/> US Person <input type="checkbox"/> None

## COMPANY, TRUST, PARTNERSHIP AND JOINT VENTURE DETAILS

Full Legal name	<input type="text"/>	<input type="checkbox"/> Please tick if company is a professional Trustee
Trading name	<input type="text"/>	
Company/GST info	Number: <input type="text"/>	Commencement date (MM/YYYY): <input type="text"/>
Business address	Street: <input type="text"/>	Suburb: <input type="text"/> Town/City: <input type="text"/>
Registered office	Street: <input type="text"/>	Suburb: <input type="text"/> Town/City: <input type="text"/>
Director/Partner names	Director: <input type="text"/>	Partner: <input type="text"/>
Shareholders	List names & Shareholding (%): <input type="text"/>	
Jurisdiction	Country of origin: <input type="text"/>	
If Trust	Trust name: <input type="text"/>	Commencement date (MM/YYYY): <input type="text"/>
Settlor	List name: <input type="text"/>	
Trustee	List names: <input type="text"/>	
Beneficiaries	List names: <input type="text"/>	
Manager/Appointer	List names: <input type="text"/>	
Accountant	List name: <input type="text"/>	Telephone: <input type="text"/>
Unit holders	List names & Ownership (%) - if applicable: <input type="text"/>	

## SOURCE

Source of investment funds	<input type="checkbox"/> Savings	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Property sale
	<input type="checkbox"/> Business income	<input type="checkbox"/> Employment income	<input type="checkbox"/> Rental income
	<input type="checkbox"/> Equities	<input type="checkbox"/> Dividends	<input type="checkbox"/> Other investments
	Other (please specify): <input type="text"/>		

## INVESTMENT INFORMATION

**Purpose of investment**  One off Term Deposit  Intending to make ongoing Deposits  
 Other (please specify):

**Security question** This information may be used to provide an additional level of security when requesting information on your account by phone.  
 Question: Answer:

**Security number** IRD number (provide for Applicant 1):  
 U.S Taxpayer Identification number (if applicable):

**Tax rate**  
 (indicate one only)  
 Resident:  10.5%  17.5%  30%  33%  Exempt  
 Non-resident:  AIL2%  NRW10%  NRW15%  
 Company:  28%

Please Note: If your IRD number and/or election is not indicated, your investment will be taxed at the highest marginal tax rate which depends on the address provided by you. If exempt from resident withholding tax, please attach a copy of a Certificate of Exemption.

**Amount and the term you wish to invest**  
 Amount: \$  3 Months  6 Months  9 Months  
 12 Months  18 Months  24 Months  36 Months  48 Months  60 Months  
 The current range of interest rates and maturity terms offered is set out on our website at [www.libfin.co.nz](http://www.libfin.co.nz).

**Interest payment option**  Compound interest\*  Pay interest to the bank account detailed below.

**Bank details**  
 (Please attach verification of your nominated bank account e.g bank statement)  
 Bank:  
 Branch:  
 Account name:  
 Account number:  -  -  -

\*Interest is paid by direct credit, or compounded and added to principal, on 31 March, 30 June, 30 September and 31 December (or the next business day).

## IDENTIFICATION REQUIREMENTS

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires all applicants to be identified. New applicants are therefore required to provide the following:

### Individuals

- Proof of bank account provided above, e.g. bank statement, deposit slip; and
- Proof of residential address not more than 3 months' old (e.g. bank statement, rates bill); and
- Completed biometric verification (instructions sent via sms to your mobile); **OR**
- A completed Certificate of Identity and supporting documentation.

### Companies

- Proof of bank account provided above, e.g. bank statement, deposit slip; and
- A certified copy of your Certificate of Incorporation, e.g. company extract; and
- Proof of source of funds/wealth; and
- Proof of residential address not more than 3 months' old (e.g. bank statement, rates bill) for company and all persons completing Biometric Verification / Certificate of Identity (see below); and
- Completed biometric verification **OR** a completed Certificate of Identity for all (i) directors and any other persons acting on behalf of the company (ii) shareholders who (directly or indirectly) hold over 25% of the company (iii) individuals who have effective control of the company and (iv) individuals on whose behalf the transaction is being conducted; and
- Evidence of the authority to act for any person acting on behalf of the company (e.g. a Power of Attorney).

### Trusts & Partnerships

- Proof of bank account provided above, e.g. bank statement, deposit slip; and
- A certified copy of your Trust Deed or Partnership Agreement as applicable; and
- Proof of source of funds/wealth; and
- Proof of residential address not more than 3 months' old (e.g. bank statement, rates bill) for trust and all persons completing Biometric Verification / Certificate of Identity (see below); and
- Completed Biometric Verification **OR** a completed Certificate of Identity for all (i) partners, trustees, beneficiaries, settlors, trust managers/appointers and any other persons acting on behalf of the trust (ii) individuals who have effective control of the trust and (iii) individuals on whose behalf the transaction is being conducted ; and
- Evidence of the authority to act for any person acting on behalf of the trust (e.g. a Power of Attorney).

## INVESTMENT ADVISER OR BROKER (COMPLETE ONLY IF YOU HAVE ONE FOR THIS INVESTMENT)

### Contact details

Name:

Company:

Email:

Telephone:

## ACKNOWLEDGEMENTS AND DECLARATIONS

- I/We acknowledge that, at the expiry of the initial term and any subsequent reinvestment term, my/our investment will be reinvested for the same term (at the relevant interest rate specified in the rate card accompanying the maturity advice) and interest payments will continue on the same basis unless, following receipt of any maturity advice and, prior to maturity date, I/we provide alternate reinvestment and/or repayment instructions.
- I/We acknowledge that under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, Liberty Financial Limited is required to undertake customer due diligence and identification and verification procedures and if requested by Liberty Financial Limited I agree to provide a completed Certificate of Identity and certified copies of supporting documents, or completed biometric verification.
- I/We acknowledge and agree that Liberty Financial Limited will provide information to the financial adviser whose details appear on this application.
- I/We acknowledge and consent to the provision of information, including the Product Disclosure Statement and marketing communications in an electronic form.
- I/We acknowledge and agree that, if I/we have selected the AIL box, Liberty Financial Limited may deduct the cost of the Approved Issuer Levy from amounts payable to me/us on registered securities held in my/our name.
- I/We acknowledge that we have received, read and understood the Product Disclosure Statement.
- I/We acknowledge and agree that Liberty Financial Limited may provide information to the Inland Revenue Department for Foreign Account Tax Compliance Act purposes.
- I/We acknowledge and agree that in addition to the information contained in the Product Disclosure Statement of Liberty Financial Limited and that Liberty Financial Limited recommends that I/we obtain independent financial advice in relation to my/our liabilities and obligations in respect of the Term Deposit.
- I/we consent and agree to the collection and use of certain information about we/us (including personal information) in accordance with Liberty Financial Limited's Privacy Policy (<https://www.libfin.co.nz/about-us/disclosures/privacy-policy>).
- For trust applicants only (including when investing on behalf of a minor): I/We declare that this application has been duly authorised, if applicable by the trustees of the trust and the applicant(s) are duly authorised to sign the application on behalf of the trustees/minor.
- For joint applicants only: We acknowledge and agree that unless otherwise expressly indicated in this application, the Term Deposit will be held jointly as joint tenants.
- For attorneys only: I hereby declare that I have not received any notice of revocation of the power of authority under which this application is signed and I attach a certified copy of the power of attorney and certificate of non-revocation.

## SIGNATURES

I/We hereby apply for a Term Deposit as set out overleaf and upon the terms and conditions contained in the Product Disclosure Statement of Liberty Financial Limited and enclose payment in full for the amount described in the Investment Information section above. I/We confirm that I/we have received and read the Product Disclosure Statement of Liberty Financial Limited.

<input type="text"/>	<input type="text"/>
Applicant 1 name	Applicant 2 name
<input type="text"/>	<input type="text"/>
Applicant 1 signature	Applicant 2 signature
<input type="text"/>	<input type="text"/>
Date	Date

## OFFICE USE ONLY

Certificate No:

Start date:

Maturity date:

Marketing code: