

2 December 2024

**Please email this form and any supporting documentation to:**  
 masinvest@linkmarketservices.com  
 Or

**Please send completed form and supporting documents by post to:**  
 MAS FREEPOST 884,  
 PO Box 91976  
 Victoria Street West, Auckland 1142

**For assistance:**  
 Phone 0800 627 738

**i Important information**

MAS Investment Funds is open to any trust or estate registered in New Zealand.

For applications there is a minimum initial investment of \$500 per account.

You may also need to complete an Entity Additional Authorised Person Form which you can find at [mas.co.nz/investmentfunds-documents](https://mas.co.nz/investmentfunds-documents)

When we receive your application, we will be in touch with advice as to the next steps. For help completing this form, please contact us.

## 1. Trust details

### a) Trust contact details

Full name of the trust

Please select the appropriate box which describes your trust.

Discretionary Trust (Family Trust)

Non-Discretionary Trust

Testamentary Trust (Estate)

Charitable Trust\*

\*Please provide the purpose or aim of the Charitable Trust

Primary email

Phone number

Physical address (not a PO Box number)

City	Country	Postcode
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Postal address (if different from physical address)

City	Country	Postcode
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Please note all general account correspondence will be issued to the primary email address provided above.

### b) Trust tax details

IRD Number (must be provided)

Prescribed investor rate (PIR)      0%      10.5%      17.5%      28%

Please refer to [ird.govt.nz/pir](https://ird.govt.nz/pir) for more information on how to determine your PIR. If a PIR is not selected, 28% will apply.

### c) Foreign tax details

If you are unsure how to answer these questions, please contact a qualified tax professional. Further information about the Common Reporting Standard (CRS) or the Foreign Account Tax Compliance Act (FATCA) is available from the Inland Revenue website at [ird.govt.nz/international-tax/exchange-of-information](https://ird.govt.nz/international-tax/exchange-of-information) and [ird.govt.nz/international-tax/exchange-of-information/fatca](https://ird.govt.nz/international-tax/exchange-of-information/fatca)

**1. Is the trust a foreign tax resident?**

Yes (please complete the table below)

No (please continue to question 2)

If yes, please list below all countries, other than New Zealand, in which the trust is a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason if you are unable to provide a TIN.

Country of tax residence	Tax Identification Number (TIN)
1.	
2.	
3.	

**2. Is the trust a financial institution as defined by the CRS or FATCA?**

The term Financial Institution as defined by the CRS and FATCA includes custodial institutions, depository institutions, investment entities or specified insurance companies. A family trust is likely to be a Financial Institution if 50% or more of the trust’s income is from financial assets and is managed by another Financial Institution.

Yes (please provide GIIN below and move to section 2)

No (you must now answer question 3)

GIIN

**3. Is the trust an Active or Passive Non-Financial Entity?**

Generally, a trust will be an Active Non-Financial Entity (NFE), if less than 50% of its income is passive income and less than 50% of its assets produce (or could produce) passive income. An entity will be a Passive NFE if it primarily (50% or more) derives passive income and/or has assets that primarily (50% or more) produce (or could produce) passive income. Passive income generally includes non-trading investment income in the form of interest or equivalents, dividends, annuities, other financial arrangements’ income, and rents and royalties.

Passive Non-Financial Entity

OR

Active Non-Financial Entity

**4. Are any primary or discretionary beneficiaries foreign tax residents?**

You only need to complete this question if the trust has:

- Primary beneficiaries named in the trust deed and/or
- Discretionary beneficiaries that can receive a distribution from the trust.

Are any of these beneficiaries foreign tax residents?

Yes (enter their details below if not entered in section 4)

No (go to section 2)

Full name    Date of birth

Country of tax residence  Tax Identification Number (TIN)

Provide the TIN, or equivalent. Provide a reason if you are unable to provide a TIN.

Physical address

Full name    Date of birth

Country of tax residence  Tax Identification Number (TIN)

Provide the TIN, or equivalent. Provide a reason if you are unable to provide a TIN.

Physical address

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## 2. Trust purpose of investing and source of funds

In this section we will ask for some information on how you intend to transact on your account and your source of funds.

This information is requested solely in relation to the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 ('AML/CFT Act') and is not used to assess the suitability of your product selection or to provide financial advice.

### a) Purpose of investing

Please advise the primary reason you are investing (please select only one)

Retirement	Returns on investment	Diversification of current portfolio
Other (please describe)		

### b) How you intend to transact

Please advise how you intend to use this investment (please select only one)

**Contributions** (please select only one answer for each question)

Amount of contribution

0 - \$20,000	\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000+
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Frequency of contributions

Regular	Now and then	Lump Sum (one-off)
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**Withdrawals** (please select only one answer for each question)

Amount of withdrawal

0 - \$20,000	\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000+
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Frequency of withdrawals

Regular	Now and then	Lump Sum (one-off)
---------	--------------	--------------------

### c) Source of funds

Please advise the primary source of the funds you intend to invest (please select only one)

Inheritance	Property sale	Asset/business sale
Deceased estate	Accumulated savings	Trustee personal income
Rental income	Other (please describe)	

We may require supporting documentation to verify the information you provide on this application.

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### 3. Trust information

Please provide a copy of the trust deed plus all amendments that have occurred to current date. We also require the name and date of birth of any primary beneficiaries named in the trust deed. We do not require this information for discretionary beneficiaries. If the trust has 10+ beneficiaries, we require the class of each beneficiary.

Name	Email	Date	<input type="text" value="dd-mm-yyyy"/>
Name	Email	Date	<input type="text" value="dd-mm-yyyy"/>
Name	Email	Date	<input type="text" value="dd-mm-yyyy"/>
Name	Email	Date	<input type="text" value="dd-mm-yyyy"/>
Name	Email	Date	<input type="text" value="dd-mm-yyyy"/>

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### 4. Details of authorised person(s) of the trust

Each and all of the following authorised person(s) associated with this trust must complete this section.

- Nominee Trustees, Nominators, Trustees, Appointers/Protectors and Settlers (that have the power to make changes to the trust).

If your trust is a Passive Non-Financial Entity we will need to identify and collect information on all controlling persons. All controlling persons will need to complete this section.

If you have a professional (corporate) trustee company as a current trustee, please enter their details in section 5.

If there are more than 4 authorised person(s) associated with this account, an Entity Additional Authorised Person Form will need to be completed by each person that does not complete their details in this section. A copy of this form is on our website at [mas.co.nz/investmentfunds-documents](https://mas.co.nz/investmentfunds-documents)

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### Trustee/Executor/Officer – 1 (primary)

What is your role or relationship to the trust: (i.e.Trustee, Executor, Officer)

Full name

Date of birth  Occupation

Email  Phone number

Physical address (not a PO Box number)

Postal address (if different from physical address)

Are you a tax resident of one or more countries other than New Zealand?

Yes (please complete the table below)  No

If yes, please list below all countries, other than New Zealand, in which you are a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason if you are unable to provide a TIN.

Country of tax residence	Tax Identification Number (TIN)
1.	
2.	
3.	

## Investor Identification

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

Option One: Electronic Identity Verification and Proof of Address

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

I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver Licence (front & back).

Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 10.

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## Trustee / Executor / Officer – 2

What is your role or relationship to the trust: (i.e. Trustee, Executor, Officer)

Full name

Date of birth  Occupation

Email  Phone number

Physical address (not a PO Box number)

Postal address (if different from physical address)

Are you a tax resident of one or more countries other than New Zealand?

Yes (please complete the table below)

No

If yes, please list below all countries, other than New Zealand, in which you are a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason if you are unable to provide a TIN.

Country of tax residence	Tax Identification Number (TIN)
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Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 10.

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## Trustee/Executor/Officer – 3

What is your role or relationship to the trust: (i.e. Trustee, Executor, Officer)

Full name 

Title	First name(s)	Surname
-------	---------------	---------

Date of birth 

dd-mm-yyyy
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 Occupation

Email Phone number

Physical address (not a PO Box number)

City	Country	Postcode
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Postal address (if different from physical address)

City	Country	Postcode
------	---------	----------

Are you a tax resident of one or more countries other than New Zealand?

Yes (please complete the table below)

No

If yes, please list below all countries, other than New Zealand, in which you are a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason if you are unable to provide a TIN.

Country of tax residence	Tax Identification Number (TIN)
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2.	
3.	

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Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 10.

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## Trustee/Executor/Officer – 4

What is your role or relationship to the trust: (i.e. Trustee, Executor, Officer)

Full name 

Title	First name(s)	Surname
-------	---------------	---------

Date of birth 

dd-mm-yyyy
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 Occupation

Email Phone number

Physical address (not a PO Box number)

City	Country	Postcode
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Postal address (if different from physical address)

City	Country	Postcode
------	---------	----------

Are you a tax resident of one or more countries other than New Zealand?

Yes (please complete the table below)

No

If yes, please list below all countries, other than New Zealand, in which you are a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason if you are unable to provide a TIN.

Country of tax residence	Tax Identification Number (TIN)
1.	
2.	
3.	

### Investor Identification

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Option One: Electronic Identity Verification and Proof of Address

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I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver Licence (front & back).

Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 10.

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## 5. Trusts with a corporate trustee (if applicable)

This section only needs to be filled out if one of the trustees is a company, i.e. a corporate trustee.

If your trust has a corporate trustee, name all directors in this section. If your trust has a professional corporate trustee (e.g. a company established by your solicitor or chartered accountant), then provide the names of the nominated directors authorised to act on behalf of the professional corporate trustee.

Please note, in addition to all other trustees, minimum of two directors of a corporate trustee must sign this form. Please advise if the corporate trustee only has one director.

Trustee company name

New Zealand Business number (NZBN)

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## Authorised person – 1

What is your role or relationship to the entity: (i.e. Director, Solicitor, administration staff)

Full name 

Title	First name(s)	Surname
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Date of birth 

dd-mm-yyyy
------------

 Occupation

Email Phone number

Physical address (not a PO Box number)

City	Country	Postcode
------	---------	----------

Postal address (if different from physical address)

City	Country	Postcode
------	---------	----------

Are you a tax resident of one or more countries other than New Zealand?

Yes (please complete the table below)

No

Please list below all countries, other than New Zealand, in which you are a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason why a TIN was unable to be obtained.

Country of tax residence	Tax Identification Number (TIN)
1.	
2.	
3.	

### Investor Identification

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

Option One: Electronic Identity Verification and Proof of Address

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I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver Licence (front & back).

Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 10.



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## Authorised person – 2

What is your role or relationship to the entity: (i.e. Director, Solicitor, administration staff)

Full name

Date of birth  Occupation

Email  Phone number

Physical address (not a PO Box number)

Postal address (if different from physical address)

Are you a tax resident of one or more countries other than New Zealand?

Yes (please complete the table below)

No

Please list below all countries, other than New Zealand, in which you are a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason why a TIN was unable to be obtained.

Country of tax residence	Tax Identification Number (TIN)
1.	
2.	
3.	

### Investor Identification

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Option One: Electronic Identity Verification and Proof of Address

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Option Two: Certified copies of identity and address documents.

For further detail on document requirements, including who can certify them and correct certification wording, see section 10.

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## 6. Authority to Act (optional)

Complete this section if the trustees would like to give authority to a specified subset of Trustees/Executors/Officers to act on behalf of all others.

We the Trustees:

- Confirm that we are all the current and validly appointed Trustees/Executors/Officers of the trust
- Confirm that we have decided to invest in MAS Investment Funds from time to time
- Authorise that the following named Trustees/Executors/Officers (acting jointly where more than one name is given) may, until further written notice to the contrary, instruct Medical Funds Management Limited (MFM) on behalf of all of the Trustees/Executors/Officers to:
  - reallocate any or all amounts invested in the name of the trust between Funds
  - withdraw any or all amounts from any Fund(s) provided that such amounts are payable to the trust
  - deposit any further amounts into any Fund(s) in the name of the trust
- Ratify the actions of the above authorised Trustees/Executors/Officers so acting
- Indemnify MFM in respect of any liability incurred by MFM in acting in reliance upon this Authority to Act.

Full name

Full name

Full name

Full name

Please note, you must immediately notify MAS of any changes to the Trustees of the Trust. This Authority to Act will then be revoked and, if required, a new Authority to Act will need to be completed.

All Trustees (and a minimum of two Directors for a corporate trustee) must sign the agreement in section 9 before the Authority to Act will be in place.

## 7. Trust investment details

In this section you can select which Fund(s) you would like to invest in, how much you would like to invest and how you would like to make your initial investment.

For applications there is a minimum initial investment of \$500 per account. You can invest entirely in one Fund or invest across any of the 7 Funds available.

### a) Fund(s) selection

Please let us know how you would like your initial contribution invested:

Cash	Conservative	Moderate	Balanced	Growth	Aggressive	Global Equities
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Understanding your attitude to investment risk is important to help you understand how to invest your savings. You can use our Fund Finder to learn what kind of investment approach could be right for you and what kind of investment fund could be suited to your personal situation and investment objective. See our Fund Finder at [mas.co.nz/fundfinder](https://mas.co.nz/fundfinder)

### b) Initial investment

When you first join, you will need to make an initial investment by either investing a lump sum or making a regular contribution through online banking or setting up a regular investment by direct debit.

#### Lump sum investment

You can make deposits into the MAS Investment Funds account 01-1839-0947560-00, entering these details:

<b>Particulars</b>	Account Number (your Account Number will be in your welcome pack and you will need to provide this number to make your initial investment)
<b>Code</b>	Account Name
<b>Reference</b>	MASINVESTFUN

#### Regular investment (by direct debit)

Please complete the Direct Debit Authority Form available on our website at [mas.co.nz/investmentfunds-documents](https://mas.co.nz/investmentfunds-documents)

### c) Bank account details

The bank account you provide will be the account in which we will pay any withdrawals you make.

Please provide a New Zealand bank account in the name of the trust or estate.

Account Name

Account Number

Bank/Branch

You can choose to provide bank verification documents as part of your application. Proof of bank account can be provided as a bank statement, deposit slip or signed screen print of your internet bank accounts. Please note, the issued document must not be older than 12 months and include the name of the account holder(s), bank account number, bank logo.

We will be in touch if we cannot successfully verify your bank account from the information you provide.

Please note bank account verification will always be required prior to the payment of any withdrawals.

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## 8. Terms and Conditions

Please read the following terms and conditions and accept the terms and conditions by signing in section 9.

Medical Funds Management Limited (the 'Manager') is the manager of the MAS Investment Funds (the 'Scheme').

The Manager is a wholly owned subsidiary of Medical Assurance Society New Zealand Limited (MAS). MAS Group means MAS, the MAS Members Trust, the Manager and all related companies. Public Trust is the Supervisor of the Scheme.

By completing this application form, you confirm that you have received and read the Product Disclosure Statement (PDS) for the Scheme and that you agree to be bound by the Scheme's terms and conditions. These are set out in the Scheme's Trust Deed (including any amendments made from time to time), PDS, any online register entry and this application form.

You, the Trustees/Executors/Officers:

- confirm you are currently residing in New Zealand
- consent to receiving information about your investment in the Scheme (including personalised annual account and tax statements) from the Manager and other companies in the MAS Group and their authorised agents electronically, including by email and through accessing a website or portal provided by the Manager or its authorised agent
- acknowledge that the value of your investment can move up and down over time
- acknowledge that you understand that the Manager may act on valid instructions provided by the person(s) named in Section 6 Authority to Act (if any)
- acknowledge that none of the Manager, the Supervisor nor any member of the MAS Group or any other person guarantees the performance or returns of the Scheme or the repayment of any capital. Your investment is subject to investment and other risks, including possible delays in withdrawal payments and loss of income or principal invested
- acknowledge that: (i) choosing Investment Fund(s) in the Scheme is solely your responsibility and none of the Manager, the Supervisor, nor any member of the MAS Group is to be regarded as representing or implying that any particular Investment Fund(s) is appropriate for your personal circumstances; (ii) the PDS does not give financial advice and if you are unsure about choosing Investment Fund(s) you can seek advice from a MAS Adviser; (iii) you can change your Investment Fund(s) at any time
- agree to the Manager sending you confirmation information by providing you with either (i) a statement every six months and/or (ii) the ability to access the information at any time on the MAS Investor Portal
- acknowledge that in joining the Scheme, if you are not already a MAS Member and you meet the eligibility criteria, by taking out a MAS product you will become one. MAS is a mutual society, owned by its Members and you can find out more about MAS at [mas.co.nz](https://www.mas.co.nz)
- confirm you have read and understand the Privacy Statement below and how the Manager and the MAS Group collect, store, use and disclose your personal information.

### Privacy Statement

You understand that:

- the Manager and the MAS Group collect, store, use, and disclose your personal information in accordance with the MAS Privacy Statement available at [mas.co.nz/privacy-statement](https://www.mas.co.nz/privacy-statement) for purposes relating to the administration, operation, management and marketing of the Scheme and accordingly they may:
  - use your information and disclose it to each other, the Supervisor, the Scheme administrator, the Financial Markets Authority, Inland Revenue, and any other person or entity where it is relevant to do so for the purposes set out above;
  - disclose your information to your MAS Adviser
- in accordance with the provisions of the Privacy Act 2020, you can access or correct your personal information by contacting the Manager at [mas.co.nz/contact/general-enquiries](https://www.mas.co.nz/contact/general-enquiries). Any update to your information may be used to update the information held about you by any member of the MAS Group
- your personal information may also be used by the Manager and the MAS Group to keep you informed about other financial opportunities, products and services of the Manager or of any MAS Group company, including by email, by text message or by any other electronic means. You can unsubscribe at any time using the unsubscribe facility in the relevant communication.

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## 9. Signatures

All authorised persons associated with this trust must sign this section. A minimum of two directors of a corporate trustee must sign this form.

Please use the space below if more signatures are required.

We confirm that we have read and accept the Terms and Conditions set out in section 8.

Name of Trustee/  
Executor/Officer – 1

Signature

Date

dd-mm-yyyy

Name of Trustee/  
Executor/Officer – 2

Signature

Date

dd-mm-yyyy

Name of Trustee/  
Executor/Officer – 3

Signature

Date

dd-mm-yyyy

Name of Trustee/  
Executor/Officer – 4

Signature

Date

dd-mm-yyyy

### Corporate trustee (if applicable)

Name of Director – 1

Signature

Date

dd-mm-yyyy

Name of Director – 2

Signature

Date

dd-mm-yyyy

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## 10. Identification Requirements

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires MAS, on behalf of the Manager, to verify the identity of new investors and, periodically, reconfirm information about existing investors.

The identity verification options are below:

### Option One: Electronic Identity Verification and Proof of Address

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

- I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.
- I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver License (front and back).

Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option Two below.

OR

### Option Two: Certified copies of identity and address documents

If you have opted not to use Electronic Identity Verification, then you will need to provide certified copies of the following documentation:

Please provide us firstly with either:

- A certified copy of your current passport (page showing your name, date of birth, photo, and signature); or
- A certified copy of your New Zealand driver licence showing your name, signature and expiry date along with one of: certified copy of a bank statement issued to you by a registered NZ bank (dated within the last 12 months); valid credit or debit card with name embossed and signature; birth certificate; citizenship certificate; Government agency letter (e.g. Inland Revenue, Electoral Commission, etc.) dated within the last 12 months; SuperGold card with photo, name and signature; or
- A certified copy of your New Zealand firearms licence.

Secondly one of the following showing your name and residential address (which can't be more than 12 months old):

- A certified copy of a utility bill (power, gas, water, landline phone, SKY, or internet service); or
- A certified copy of a document issued to you by a NZ Government agency (e.g. Inland Revenue, ACC, Ministry of Justice, NZQA, or Work and Income New Zealand); or
- A certified copy of a NZ council rates notice/valuation, or a certified copy of a residential rental agreement.

### Who can certify your documents?

A MAS employee can verify your ID and proof of address. Alternatively, the following people can certify photocopies of original documents:

- Registered medical doctor
- Notary Public
- Justice of the Peace
- New Zealand Police Officer
- New Zealand lawyer
- New Zealand Chartered Accountant
- A person who has legal authority to take statutory declarations (or equivalent) in New Zealand
- Kaumātua (as verified through a reputable source)
- Minister of religion
- Registered teacher

**The certifier must:**

- See the original document and make a statement to the effect that the documents provided are true and correct copies and confirm the identity of the named individual;
- State their full name and their capacity to act as a certifier; and
- Date the certification (no more than three months prior to the date of the application).

The certifier cannot be related to you or a person living at the same address, or a party of the application. When certification occurs overseas, copies of the required documentation must be certified by a person authorised by law to take statutory declarations.

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## 11. Checklist

Make sure you send us everything listed below, as we can't consider your request without the following:

Completed application and signed by all authorised person(s) associated with the trust

Copy of the original Trust Deed and any amendments

Certified copy of Probate/Letters of Administration (estates only)

Nominated bank account in the name of the trust (and proof of bank account as applicable)

Evidence of identity and address (as applicable for the option you have selected under section 4) for all associated authorised person(s) with power to alter the trust, including:

- All current trustees
- Appointer or protector
- Settlor (if they have the power to make changes to the trust)
- Authorised individual(s) from a corporate trustee.

Once we receive your application, we will be in touch with advice as to the next steps.

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## Notes