APPOINTMENT OF OFFICIAL REPRESENTATIVE FORM



You can email this form and all required supporting documents to **registry@anzinvestments.co.nz**. Alternatively, you can take them to any **ANZ branch**, or post them to **ANZ Investments**, **Freepost 324**, **PO Box 7149**, **Victoria Street West, Auckland 1142**.

Surname				
Surname				
or Company/Trust/Partnership/Estate name				
Contact number				
2. APPOINTMENT I/We appoint the person described below as my/our Official Representative under the conditions set out in section 5 of this document.				
First name(s)				
Surname				
YYY				
ANZ customer (or investor) number (if known)				
	Postcode			
	Postcode			
per Mobile				
ountry of birth Occupation				
This appointment applies to all my investments managed by ANZ Investments, or				
This appointment only applies to the following investments:				
	Surname tive under the conditions set Y			

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3. IDENTIFICATION

Identity documents

As part of your application, you must provide either certified or verified copies of valid ID and proof of address for both you and the person appointed as your Official Representative. An ANZ staff member or an ANZ Investments approved financial adviser can verify these documents. Alternatively a Notary Public, Justice of the Peace, NZ lawyer, or other person who has legal authority can certify these documents before sending them to us. See anz.co.nz/myid for more information.

If we need to ask you for further information, this will delay the processing of your application.

For each person, please provide us with:		NEW ZEALAND DRIVER LICENCE DRIVER LICENCE DRIVER LICENCE
Option 1: ONE of these documents:		Sentance SMTH First name SMN MCG DEAN SCHOLAGE DEAN
New Zealand passport	National ID card	Lonce AB123-65 Version 453 Dimension DONOR
Overseas passport (signed)	New Zealand firearms licence	Address COLUMN FALMERSTON NORTH
Oution 2. A New Zeeland driver license ANI	0	Literies Ind. AB123456 NEW ZEALAND DRIVERLICENCE
Option 2: A New Zealand driver licence AN ONE of these documents (must be	ט e dated within the last six months):	CONDITIONS. C. C. DINVINO ENTITLEMENT RE ORGANICO. Convecting himses read: 5 to use of all times white things. 1
	Central Government Agency document (issued to yo	No. night devirong. 1
	New Zealand Defence or Police Photo ID	F. V. O. D. M. K. M. O.
		I I I I I I I I I I I I I I I I I I I
Option 3: ONE form of primary non-photo	ID	1, Sames Black
New Zealand full birth certificate	Certificate of New Zealand citizenship	hereby certify that this is a true and correct copy of the original document which I have sighted,
Overseas birth certificate	Overseas citizenship certificate	and it represents a true likeness of the individual.
AND		Dated the 15th day of Sanuary 2016
ONE form of secondary photo ID		Enrolled barrister and solicitor of the High Court
New Zealand driver licence	New Zealand Defence or Police Photo ID	of New Zealand
International Driving Permit	18+ card or Kiwi Access Card	
Here is an example of what your ID should look li you is clear, and the text can be clearly read.	ke when it's been certified correctly. Ensure the 'true	likeness' wording is included, that the image of
Proof of address		
For each person, please provide us with ONE of t show your name and current New Zealand reside	he below acceptable forms of address. The documer ential address.	t must be dated within the last six months and
Utility bill	Signed rental tenancy agreement, flatting	Educational Institution letter from education
Bank statement or bank document	or sub-letting agreement	facility, must be on letterhead paper
Non-bank financial institution statement	Electoral roll papers	Short-term accommodation letter issued by
or document	Electronic White/Yellow Pages	the accommodation provider and include your name
Central Government Agency document	Insurance policy document	Letter from employer on company
e.g. IRD, ACC	Car registration notification/demand	letterhead confirming residential address
Local Council/Government letter		

You agree we can collect, use and disclose your information to process your application in accordance with our Privacy Statement, which is the same as ANZ Bank New Zealand Limited's and can be found at anz.co.nz/privacy. If you prefer a print version, it is available to download as a PDF or from

We take your privacy seriously, and understand the need to keep your information confidential and secure. You can access or correct your personal information by calling 0800 736 034 or asking at any ANZ branch. We may charge you a fee to access the information we have about you.

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5. CONDITIONS AND AGREEMENT

- 1. The person described in section 2 of this document has all the powers of the investor in relation to each investment described in section 2 of this document (other than the power to appoint another Official Representative or signing statutory declarations on behalf of the investor), including:
 - a. increasing the amount of the investment
 - b. requesting a full or partial withdrawal
 - c. making enquiries about the investment generally and requesting and receiving reports and other documents relating to the investment
 - d. switching investment funds for some or all of the investment.
- 2. The exercise by a person reasonably believed by ANZ New Zealand Investments Limited (ANZ Investments) to be an Official Representative shall be deemed to be an exercise of these powers by the investor, until this authority is cancelled.
- 3. ANZ Investments or the investor can amend or cancel this document by giving 14 days' written notice to the other party.
- 4. The investor agrees that the investor and every person claiming through the investor have no claim relating to any payment made or purporting to be made under this document against any investments managed by ANZ Investments.

Signed as a Deed:

Joint investments – all investors must sid	nr
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Trusts – all trustees must sign

Partnerships – all partners must sign

Companies – at least one director or one authorised signatory must sign

Signature of investor	
	Date D D M M 2 0 Y Y
Signature of investor	
	Date D D M M 2 0 Y Y
Signature of Official Representative	
	Date D D M M 2 0 Y Y
Signature of witness	
	Date D D M M 2 0 Y Y
Name of witness	
Address of witness	
	Postcode

INTERNAL USE - ANZ STAFF ONLY I (staff full name) Branch Stamp hereby verify that this is the original document.

Date D D M M 2 0 Y Y

Signature

Staff job role
Branch name

Once completed – staff must scan this form and all required supporting documents in the checklist to registry@anzinvestments.co.nz