

Email your form to us at [registry@anzinvestments.co.nz](mailto:registry@anzinvestments.co.nz), take it to any ANZ branch or post it to: **ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142**. If you are emailing us these forms, you do not need to post them to us.

Trusts and Estates must complete all applicable sections of this Form 2B in addition to Form 2 – Application Form (Companies, Partnerships, Trusts and Estates) and Form 2C – Trust Account and Entity Declaration Form. Make sure any required documents as described in this form are included.

**1. THIS FORM RELATES TO AN APPLICATION FOR INVESTMENT OR EXISTING INVESTMENT IN THE FOLLOWING (PLEASE TICK):**

- ☐ ANZ Investment Funds
- ☐ OneAnswer Multi-Asset-Class Funds
- ☐ OneAnswer Single-Asset-Class Funds

**Please provide:**

- Trusts – a copy of the trust deed (together with amendments or supplements)
- Estates – a copy of the last will

**2. TRUST OR ESTATE INFORMATION**

Trust or Estate name

Industry (specific)

The industry specified generates at least 50% of the entity's gross income

**3. TRUSTEE INFORMATION**

**All** trustees (including any protectors, settlors or other parties who have control of trust or estate assets) must complete this section. If there are more than three, please attach additional pages to this form.

**All** trustees will need to provide certified identification and proof of current residential address. Please see [anz.co.nz/myid](http://anz.co.nz/myid) for our full list of acceptable documents.

Non-individual trustees should refer to and complete section 4.

**Trustee 1**

Title First name(s) Surname

ANZ customer (or investor) number (if known)

Date of birth Country of birth

Occupation

Home address

Postcode Country

Relationship to Trust/Estate

**Trustee 2**

Title First name(s) Surname

ANZ customer (or investor) number (if known)

Date of birth Country of birth

Occupation

Home address

Postcode Country

Relationship to Trust/Estate

## FORM 2B

### 3. TRUSTEE INFORMATION (CONT.)

#### Trustee 3

Title	First name(s)	Surname
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ANZ customer (or investor) number  (if known)

Date of birth 

D	D	M	M	Y	Y	Y	Y
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 Country of birth

Occupation

Home address

Postcode  Country

Relationship to Trust/Estate

### 4. NON-INDIVIDUAL TRUSTEES

#### A. If the trustee is Public Trust, Perpetual Trust Limited, Maori Trust, Trustee Executors Limited or The New Zealand Guardian Trust Company Limited, please:

##### i. state the trustee's name and registered address below:

Trustee name

Registered address

Street	Suburb	
City	Postcode	Country

##### ii. provide the name, residential address and date of birth for all authorised signatories for this investment below (attach additional pages if required):

Title	First name(s)	Surname
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ANZ customer (or investor) number  (if known)

Date of birth 

D	D	M	M	Y	Y	Y	Y
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 Country of birth

Occupation

Registered address

Street	Suburb	
City	Postcode	Country

Title	First name(s)	Surname
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ANZ customer (or investor) number  (if known)

Date of birth 

D	D	M	M	Y	Y	Y	Y
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 Country of birth

Occupation

Registered address

Street	Suburb	
City	Postcode	Country

##### iii. provide certified evidence of authority to act, along with certified identification and proof of current residential address for each person listed above who is an authorised signatory for this investment. Please see [anz.co.nz/myid](http://anz.co.nz/myid) for our full list of acceptable documents.

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4. NON-INDIVIDUAL TRUSTEES (CONT.)

B. For other non-individual trustees, please:

i. state the trustee's name and registered address below:

Trustee name		
Registered address		
Street		Suburb
City	Postcode	Country

ii. provide the name, residential address and date of birth for all directors of the trustee below (attach additional pages if required):

Title	First name(s)		Surname
ANZ customer (or investor) number			(if known)
Date of birth	D D	M M	Y Y Y Y
Country of birth			
Occupation			
Registered address			
Street		Suburb	
City	Postcode	Country	
Title	First name(s)		Surname
ANZ customer (or investor) number			(if known)
Date of birth	D D	M M	Y Y Y Y
Country of birth			
Occupation			
Registered address			
Street		Suburb	
City	Postcode	Country	
Title	First name(s)		Surname
ANZ customer (or investor) number			(if known)
Date of birth	D D	M M	Y Y Y Y
Country of birth			
Occupation			
Registered address			
Street		Suburb	
City	Postcode	Country	

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4. NON-INDIVIDUAL TRUSTEES (CONT.)

iii. provide the name, residential address and date of birth for all authorised signatories for this investment below  
(attach additional pages if required):

Title	First name(s)	Surname
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ANZ customer (or investor) number  (if known)

Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country of birth
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Occupation

Registered address

Street	Suburb	
City	Postcode	Country

Title	First name(s)	Surname
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ANZ customer (or investor) number  (if known)

Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country of birth
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Occupation

Registered address

Street	Suburb	
City	Postcode	Country

iv. please provide certified evidence of authority to act, along with certified identification and proof of current residential address as each person listed above who is an authorised signatory for this investment. Please see [anz.co.nz/myid](http://anz.co.nz/myid) for our full list of acceptable documents.

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5. TRUST OR ESTATE BENEFICIARIES

Please complete the following for each individual beneficiary and/or each general class of beneficiary. Attach additional pages if required.

Individuals

Full name of beneficiary	Date of birth	Residential address

General class of beneficiary (e.g. daughter of settlor/deceased, charitable organisation)

A. Beneficiaries with a vested interest of more than 25% of the trust property – Trusts only.

These beneficiaries will need to provide certified identification and proof of residential address. Please see [anz.co.nz/myid](http://anz.co.nz/myid) for our full list of acceptable documents.

Beneficiary 1

Title

First name(s)

Surname

ANZ customer (or investor) number(if known)

Date of birth

D

D

M

M

Y

Y

Y

Y

Country of birth

Occupation

Home address

Postcode

Country

Relationship to Trust

Beneficiary 2

Title

First name(s)

Surname

ANZ customer (or investor) number(if known)

Date of birth

D

D

M

M

Y

Y

Y

Y

Country of birth

Occupation

Home address

Postcode

Country

Relationship to Trust

## FORM 2B

### 6. SOURCE OF FUNDS – TRUSTS ONLY

Briefly describe below and **provide evidence** of the source of funds. For examples of acceptable sources of funds please refer to the table below.


#### Sources of funds and examples of acceptable forms of evidence

Source of funds	Suggested verification/evidence
<b>Employment</b>	Copy of pay slip (or bonus) from within last three months Bank statement details Inland Revenue documents
<b>Business proceeds</b>	Copy of latest audited company accounts Letter from solicitor/accountant
<b>Disposal of business or assets</b>	Copy of latest audited company accounts Letter from solicitor/accountant
<b>Investment income</b>	Copy of investment/savings certificates, contract notes or surrender statements Bank statement clearly showing receipt of funds and investment company name Signed letter detailing funds from a regulated solicitor/accountant
<b>Superannuation lump sum or annuity/retirement plan payments</b>	Copy of closing statement Letter confirming collection
<b>Insurance/compensation claim</b>	Copy of closing statement Letter confirming claim
<b>Lottery/betting win</b>	Lotteries Commission
<b>Inheritance</b>	Grant of Probate (copy of the will) which must include the value of estate Letter from solicitor/accountant
<b>Gift</b>	Donor's source of funds – requirements of evidence as stated above for each individual source of funds and a letter from the donor confirming details of the gift Letter from solicitor
<b>Maturity or surrender of life policy</b>	Copy of closing statement Letter confirming surrender
<b>Sale of property</b>	Copy of sale contract Letter from solicitor/accountant

### 7. CHARITABLE TRUSTS ONLY

Please detail below the charitable purpose.
