Trustee 2

Date of birth
Occupation

Home address

Relationship to Trust/Estate

First name(s)

ANZ customer (or investor) number

SPECIFIC TO TRUSTS AND ESTATES



Email your form to us at 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):** Please provide: ANZ Investment Funds • Trusts – a copy of the trust deed (together with amendments OneAnswer Multi-Asset-Class Funds or supplements) OneAnswer Single-Asset-Class Funds • 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 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) Country of birth Date of birth Occupation Home address Postcode Country Relationship to Trust/Estate

Surname

Postcode

Country

(if known)

Country of birth

2B

itle	First name(s)		Surname
ANZ custome	r (or investor) number		known)
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Occupation			
Home addres	SS		
			Postcode Country
Relationship	to Trust/Estate		
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Registered add	dress		
Street			Suburb
City		Postcode	Country
ii. provide the pages if rec		th for all authorised sign	natories for this investment below (attach additional
		th for all authorised sign	
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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 for our full list of acceptable documents.

registered address			
Street		Suburb	
City	Postcode	Country	
. provide the name, residential address a	and date of birth for all directors of t	ne trustee below (attach additional pages if re	quired):
Title First name(s)		Surname	
NZ customer (or investor) number		if known)	
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	DUAL TRUSTEES (CONT.)	a faw all a suba avica d ciama th	avias fauthicias satura ant halass
	name, residential address and date of birtl onal pages if required):	i for all authorised signat	ories for this investment below
Title	First name(s)		Surname
ANZ customer (or	r investor) number	if kno	wn)
Date of birth	D M M Y Y Y Y	Country of birth	
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Street			Suburb
City		Postcode	Country
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ANZ customer (or	r investor) number	(if kno	own)
Date of birth	D M M Y Y Y Y	Country of birth	
Occupation			
Registered addres	SS		
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 for our full list of acceptable documents.

ndividuals	or each marviadar beneficia	ry una, or each general class	or beneficiary. Ac	tach additional pages if required.
ull name of beneficiary	Date of birth	Residential address		
eneral class of beneficiary (e	e.g. daughter of settlor/dece	eased, charitable organisatio	n)	
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eneficiaries with a vested int	terest of more than 25% o	of the trust property – Trus	ts only.	
hese beneficiaries will need to				e anz.co.nz/myid for our full list of
cceptable documents.				
eneficiary 1				
First name(s	s)		Surname	
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Cocupation Home address Relationship to Trust Reneficiary 2 Title First name(source) The point of the p	s)	Pc (if known Country of birth	stcode Surname vn)	

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Source of funds	Suggested verification/evidence
mployment	Copy of pay slip (or bonus) from within last three months Bank statement details Inland Revenue documents
Business proceeds	Copy of latest audited company accounts Letter from solicitor/accountant
Disposal of business or assets	Copy of latest audited company accounts Letter from solicitor/accountant
nvestment income	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
Superannuation lump sum or annuity/retirement plan payments	Copy of closing statement Letter confirming collection
nsurance/compensation claim	Copy of closing statement Letter confirming claim
ottery/betting win	Lotteries Commission
nheritance	Grant of Probate (copy of the will) which must include the value of estate Letter from solicitor/accountant
Sift	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
Naturity or surrender of life policy	Copy of closing statement Letter confirming surrender
ale of property	Copy of sale contract Letter from solicitor/accountant
HARITABLE TRUSTS ONLY	