

Maple-Brown Abbott Investment Funds

APPLICATION FORM INFORMATION MEMORANDUM DATE – 1 APRIL 2025

Please mail this Application Form, together with any other relevant documentation, to **Operations team, FundRock NZ Limited, PO Box 25003, Wellington 6140, New Zealand** or email to contact@fundrock.com

Please complete this form in CAPITAL LETTERS

1.

TYPE OF INVESTOR/INVESTOR DETAILS

What type of investor are you?

<input type="checkbox"/>	Individual	<input type="checkbox"/>	Joint ownership	<input type="checkbox"/>	Power of attorney
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Estate
<input type="checkbox"/>	Company	<input type="checkbox"/>	Retirement scheme	<input type="checkbox"/>	Other

Are you an existing unitholder?

<input type="checkbox"/>	Yes	Unitholder Number:	<input type="text"/>
<input type="checkbox"/>	No		

Are you a portfolio investor proxy (PIP)? (also known as custodians, nominees or wrap accounts)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Details of major source of wealth used for this investment – Please provide evidence

<input type="checkbox"/>	Personal employment	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Business earnings
<input type="checkbox"/>	Sale of property	<input type="checkbox"/>	Other (please specify)	<input type="text"/>	

If investor type is a Company or Partnership, is this entity a vehicle for holding personal assets?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Primary reason for the investment

<input type="checkbox"/>	Retirement	<input type="checkbox"/>	Income	<input type="checkbox"/>	Other:	<input type="text"/>
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How often do you intend to transact on this account?

<input type="checkbox"/>	Regularly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	One off
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If investor type is a Company or Partnership, do you have any nominee directors, nominee shareholders or nominee partners?

<input type="checkbox"/>	Yes	If yes, please provide name(s) and copy of identity verification
<input type="checkbox"/>	No	

If investor type is a Company – Is the company a vehicle for holding personal assets

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No



2.

INVESTOR DETAILS

Name – *complete only if not investing as an individual or joint ownership*

IRD number

PIR*

<input type="checkbox"/>	0%	<input type="checkbox"/>	10.5%	<input type="checkbox"/>	17.5%	<input type="checkbox"/>	28%
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Trust Name

Type of Trust (e.g. Discretionary, Charitable or Non-discretionary)

Date established

Full Name & date of birth of all named beneficiaries

Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>

Individual 1 – Complete for each applicant, director, trustee where relevant

Title:	<input type="text"/>	First name(s):	<input type="text"/>					
Surname:	<input type="text"/>							
Date of birth:	<input type="text"/>	IRD number:	<input type="text"/>					
PIR*	<input type="checkbox"/>	0%	<input type="checkbox"/>	10.5%	<input type="checkbox"/>	17.5%	<input type="checkbox"/>	28%
Tax status:	<input type="checkbox"/>	Resident	<input type="checkbox"/>	Non-resident				

Individual 2 – Complete for each applicant, director, trustee where relevant

Title:	<input type="text"/>	First name(s):	<input type="text"/>					
Surname:	<input type="text"/>							
Date of birth:	<input type="text"/>	IRD number:	<input type="text"/>					
PIR*	<input type="checkbox"/>	0%	<input type="checkbox"/>	10.5%	<input type="checkbox"/>	17.5%	<input type="checkbox"/>	28%
Tax status:	<input type="checkbox"/>	Resident	<input type="checkbox"/>	Non-resident				



Individual 3 – Complete for each applicant, director, trustee where relevant

Title:	<input type="text"/>	First name(s):	<input type="text"/>
Surname:	<input type="text"/>		
Date of birth:	<input type="text"/>	IRD number:	<input type="text"/>
PIR*	<input type="checkbox"/> 0%	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%
Tax status:	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	

* PIR – Prescribed Investor Rate. We will use the highest Prescribed Investor Rate for joint holders. If you are unsure what your PIR is, visit www.ird.govt.nz and search for 'Prescribed Investor Rate', contact Inland Revenue on 0800 227 774, or speak to your tax advisor. If your PIR is invalid or you do not choose one, the default 28% will apply.

3.

CONTACT DETAILS

Physical address

Unit No:	<input type="text"/>	Street No:	<input type="text"/>	Street name:	<input type="text"/>
Suburb:	<input type="text"/>		City:	<input type="text"/>	
Postcode:	<input type="text"/>		Country:	<input type="text"/>	

Postal address (if different from physical address)

Unit No:	<input type="text"/>	Street No:	<input type="text"/>	PO Box / Street name:	<input type="text"/>
Suburb:	<input type="text"/>		City:	<input type="text"/>	
Postcode:	<input type="text"/>		Country:	<input type="text"/>	

Home phone

Work phone

Email address

4.

FOREIGN ACCOUNT TAX COMPLIANCE ACT - For the purposes of the provisions of the United States legislation commonly known as the Foreign Account Tax Compliance Act ('FATCA')

For individual and joint ownership investors

Individual 1:

Are you a citizen or tax resident of the United States?

<input type="checkbox"/> Yes	US Taxpayer Information Number (TIN)*:	<input type="text"/>
<input type="checkbox"/> No		

Individual 2:

Are you a citizen or tax resident of the United States?

<input type="checkbox"/> Yes	US Taxpayer Information Number (TIN)*:	<input type="text"/>
<input type="checkbox"/> No		



Individual 3:

Are you a citizen or tax resident of the United States?

☐

Yes

US Taxpayer Information Number (TIN)*:

☐

No

For entities (including trusts): Is the entity a US company, trust, or partnership for US tax purposes?

☐

Yes

US Taxpayer Information Number (TIN)
or exemption code (for exempt payees)*:

☐

No

If no, which of the following describes your FATCA status?

☐

New Zealand financial institution*

☐

A participating foreign financial institution*

☐

Partner jurisdiction financial institution

☐

A deemed-compliant foreign financial institution**

☐

Other financial institution

☐

Active non-financial foreign entity ***

☐

Passive non-financial foreign entity ****

☐

An exempt beneficial owner**

* A custodial or depository institution, an investment entity, or a specified insurance company for FATCA purposes

** As defined in the relevant US Treasury Regulations

*** A non-US entity that is not a Financial Institution but falls within the 'active' categories, including a listed company (and its related entities), many registered charities, and entities (including companies) for whom less than 50% of gross assets and income are considered passive

**** Generally, any Non-Financial Foreign Entity that is not 'active' (see above) will be 'passive'.

If the entity has a Global Intermediary Identification Number (GIIN), please provide it

If you are an entity that is considered as a Passive Non-Financial Foreign Entity, please contact us to discuss the status of your controlling owners.

For help in determining your status for FATCA purposes, see the Inland Revenue's website at

www.ird.govt.nz/international/nzwithos/fatca/fatca-index.html. You need to provide us with further information if there is a change in circumstances which renders the above certification incorrect or unreliable. We may request further information from you in the future for this purpose

5.

COMMON REPORTING STANDARDS ('CRS') - For the purposes of OECD's Standard for Automatic Exchange of Financial Account Information in Tax Matters which incorporates the Common Reporting Standard ('CRS')

For individual and joint ownership investors (including each controlling person of a passive non-financial entity investor – see the entities section below)

Individual 1:

Are you a tax resident in any country other than New Zealand or the United States?

☐

Yes

☐

No

If yes, please specify the other country/countries in which you are a tax resident in:

Please provide your foreign taxpayer identification number/tax number* (TIN) for each of those countries:

If you do not have a foreign TIN for a country, please provide an explanation:

If you are a controlling person of an entity (as specified in the entities section below), please specify what type of controlling owner you are:



Individual 2:

Are you a tax resident in any country other than New Zealand or the United States?

☐ Yes☐ No

If yes, please specify the other country/countries in which you are a tax resident in:

Please provide your foreign taxpayer identification number/tax number* (TIN) for each of those countries:

If you do not have a foreign TIN for a country, please provide an explanation:

If you are a controlling person of an entity (as specified in the entities section below), please specify what type of controlling owner you are:

Individual 3:

Are you a tax resident in any country other than New Zealand or the United States?

☐ Yes☐ No

If yes, please specify the other country/countries in which you are a tax resident in:

Please provide your foreign taxpayer identification number/tax number* (TIN) for each of those countries:

If you do not have a foreign TIN for a country, please provide an explanation:

If you are a controlling person of an entity (as specified in the entities section below), please specify what type of controlling owner you are:

For entities (including trusts): Are you a tax resident in any country other than New Zealand or the United States?

Is the entity a tax resident in any other country than New Zealand or the United States?

☐ Yes☐ No

If yes, please specify the other country/countries in which you are a tax resident in:

Please provide the entity's foreign taxpayer identification number (TIN) for each country:

If the entity does not have a foreign TIN, please provide an explanation:



For CRS purposes, is the entity a:

<input type="checkbox"/>	Financial institution ¹	<input type="checkbox"/>	Active non-financial entity ²	<input type="checkbox"/>	Passive non-financial entity ³ (PNFE)
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If the entity is a PNFE, is any controlling person⁴ a tax resident in any other country than New Zealand?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, each controlling person must complete an individual self-certification. If the controlling person is specified on page 2 then please complete the individual sections(s) above. If the controlling person is not specified on page 2, please contact us for a self-certification form to complete. In either case, please indicate on the form what type of controlling person the individual is⁴.

- ¹ If the entity is a financial institution for FATCA purposes, it is likely (but not certain), to be a financial institution for CRS purposes.
- ² An active non-financial entity includes a listed company (and its related entities), government entities and international organisations. See the links below for the full definition.
- ³ A passive non-financial entity generally covers an entity that:
 - a. Is not a financial institution; and
 - b. Either derives predominantly (50% or more) passive income (as defined for CRS purposes) and/or predominantly has assets that produce or are held for the production of passive income.
- ⁴ A controlling person is defined as any natural person who exercises control over an entity. In the case of a trust, the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate control over the trust will be included. This means that the term may include a director, partner, trustee, settlor, beneficiary, protector of a trust, or other natural person exercising ultimate effective control over the entity.

For more information on CRS, and determining your status for CRS purposes, please see the Inland Revenue's website at www.ird.govt.nz/international/exchange/crs/crs-glossary/crs-glossary.html and www.taxpolicy.ird.govt.nz/topical-issues/implementing-aeoi. In addition to the above, you need to provide us with further information if there is a change in circumstances which render the below certification incorrect or unreliable. We may also request further information from you in the future for this purpose.

6. INVESTMENT DETAILS

I wish to invest the following amounts (in NZD)

Fund	Initial investment (minimum \$20,000 per Fund)	Subsequent investment (minimum \$5,000 per Fund)
Maple-Brown Abbott Global Listed Infrastructure Fund (PIE)	\$	\$

Payment details

Bank account name:	Bank account name and number will be provided once your account is confirmed to be open
Bank account number:	Contact +64 4 4999 654 or contact@fundrock.com or your Advisor/Consultant for the bank account number
Reference:	Your name or client reference

7. BANK ACCOUNT & DISTRIBUTION – you must provide a New Zealand bank account which in in the same name as your Maple-Brown Abbott Investment Funds ('Scheme') holding

Account name

Bank name

Branch name

Account number

Please ensure you provide a bank deposit slip, bank statement or confirmation from your bank verifying your account name and number

If you are invested in a Fund that pays distributions, please specify whether you would like any distributions to be paid to your bank account or reinvested in additional units in the relevant Fund. If no option is selected, distributions will be reinvested.

<input type="checkbox"/>	Reinvest in additional units	<input type="checkbox"/>	Direct credit to the above bank account
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8.

IDENTITY VERIFICATION

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires us to verify the identity of new investors in the Maple-Brown Abbott Investment Funds. This means your application must be accompanied by relevant certified documents as outlined in the Checklist for Identity Verification and Certification of Documents sections below.

For natural persons, verification of identity and proof of address can be done online, by us, instead, using Cloudcheck at no cost to you. If you elect to use the Cloudcheck service:

- you must tick the appropriate box under the Declaration section below;
- you must send in non-certified copies of those documents related to your identity (e.g. passport) and proof of address (e.g. utility bill) with your application; and
- you must send in original/certified copies of all other documents listed in the Checklist for Identity Verification that is related to your investor type (e.g. for individual or joint account, an original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the name and account number)

Our requirements may change from time to time and we may be required to ask you for additional information in the future, including if we are unable to verify your identity by using the Cloudcheck service.

Checklist for identity verification

Individual or joint account

<input type="checkbox"/>	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
<input type="checkbox"/>	Certified true copy of identification for each applicant with the certification not more than three months old ¹
<input type="checkbox"/>	Original or certified true copy of address verification for each applicant that is not more than three months old ²

Partnership account

<input type="checkbox"/>	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
<input type="checkbox"/>	Certified true copy of identification for each partner with the certification not more than three months old ¹
<input type="checkbox"/>	Original or certified true copy of address verification for each partner that is not more than three months old ²
<input type="checkbox"/>	Original or certified true copy of the Partnership Deed with the certification not more than three months old

Trust account

<input type="checkbox"/>	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
<input type="checkbox"/>	Certified true copy of identification for each trustee and beneficial owner* with the certification not more than three months old ¹
<input type="checkbox"/>	Original or certified true copy of address verification for each trustee and beneficial owner* that is not more than three months old ²
<input type="checkbox"/>	Original or certified true copy of the Trust Deed with the certification not more than three months old
<input type="checkbox"/>	Evidence of source(s) of wealth

Company account

<input type="checkbox"/>	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
<input type="checkbox"/>	Certificate of Incorporation
<input type="checkbox"/>	Proof of address of registered office
<input type="checkbox"/>	Trading name (if applicable)
<input type="checkbox"/>	List of directors and authorised signatories
<input type="checkbox"/>	



Certified true copy of identification for each director, beneficial owner* of the company, authorised signatory or anyone else acting on behalf of the company in respect of the investment, with the certification not more than three months old¹

Original or certified true copy of address verification for each director and authorised signatory that is not more than three months old²

* Beneficial owners: A beneficial owner is an individual who has effective control of a customer or person on whose behalf a transaction is conducted, or who owns 25% or more of the customer or person on whose behalf a transaction is conducted. Examples are:

- Beneficial owners of a company may include shareholders, senior management (e.g. CEO), and any other person with effective control (such as some directors).
- Beneficial owners of a trust may include a beneficiary of the trust, and any other individual who has effective control over the trust, specific trust property, or the power to amend the trust deed, or remove or appoint trustees or one or more of the beneficiaries of the trust.

Power of attorney

Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number

Certified true copy of identification for each applicant with the certification not more than three months old¹

Original or certified true copy of address verification for each applicant that is not more than three months old²

Original or certified true copy of the Power of Attorney with the certification not more than three months old

Original or certified true copy of the Certificate of Non-Revocation with the certification not more than three months old

Estate account

Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number

Certified true copy of identification for each executor with the certification not more than three months old¹

Original or certified true copy of address verification for each executor that is not more than three months old²

Original or certified true copy of the Probate with the certification not more than three months old

For investor types not listed above, please contact us directly.

^{1,2} Please refer to Notes section on page 10

9.

PRIVACY ACT 2020

This statement relates to the personal information that you are providing to FundRock NZ Limited (FundRock), as manager of Maple-Brown Abbott Investment Funds, by way of this application and any subsequent personal information which you provide in the future. The personal information you have supplied may be collected, used, stored, and shared by FundRock, Antipodes Partners Limited, Public Trust, Apex Investment Administration (NZ) Limited (and any of their related entities and service providers) for the purposes of enabling them to arrange and manage your investment, and to contact you in relation to your investment. FundRock will provide you (on request) with the name and address of any entity to which it has disclosed your information. You have the right to access all personal information held about you by FundRock. If any of the information is incorrect, you have the right to request to have it corrected.

10.

DECLARATION

By signing below I confirm that:

- I have received, read, and retained a copy of the current Maple-Brown Abbott Investment Funds Information Memorandum for the relevant fund(s) being invested in;
- I agree to be bound by the terms and conditions of the master trust deed and establishment deeds for Maple-Brown Abbott Investment Funds, as amended from time to time;
- I agree and consent to the terms outlined above in relation to the Privacy Act 2020 and the supply of personal information and FATCA and CRS related information;
- I acknowledge that I am authorised to provide personal information on behalf of the applicant and evidence of this authority is provided (in the case of a parent/guardian/other providing information about the applicant).
- I consent to FundRock providing any information relating to my CRS or FATCA status or CRS or FATCA matters to the New Zealand Inland Revenue Department, and agree to notify FundRock in writing immediately if there is any change which I become aware of which would render any of the above information incorrect, and to re-submit information to FundRock upon request;
- where applicable, confirm that those signing this application form are persons with authority to sign this form on behalf of the entity named;
- I agree to update the information I have provided if my circumstances change;



- I consent to receiving electronic communications (including email) from FundRock, Antipodes Partners Limited, Public Trust, Apex Investment Administration (NZ) Limited relating to my investment in Maple-Brown Abbott Investment Funds and as otherwise set out in the terms above in relation to the Privacy Act 2020;
- I authorise FundRock and Antipodes Partners Limited to disclose information relating to me to any regulatory authority in New Zealand as may be required from time to time under applicable law;
- I certify that all information given in this form is true and correct;
- I understand that the value of my investment in Maple-Brown Abbott Investment Funds is liable to fluctuations and may rise and fall from time to time;
- I understand that none of FundRock, Antipodes Partners Limited, Public Trust, Apex Investment Administration (NZ) Limited or any other person guarantees my investment in the Maple-Brown Abbott Investment Funds;
- I understand the manner in which the fees will be deducted from my investment;
- I understand that any interest income earned from monies held in the applications/redemption bank account may be retained by FundRock for their own benefit;
- I agree that in the event this account holds zero units for a period of 6 months or more, FundRock may close the account; and
- I agree that in the event this account holds a balance of less than \$500 and stays at or below that level for at least three consecutive calendar months, FundRock may close the account and return the remaining account balance to the bank account listed above.

If you would like to have your identification verified online using Cloudcheck, please confirm and tick the box below. There is no cost to you for using Cloudcheck.

☐ I consent, for the purposes of verifying my identity, to the personal information that I have provided being used with and, where necessary, disclosed to third parties, including the following sources: (1) the NZTA for the purpose of checking the Driver Licence and MOTO databases; (2) the Department of Internal Affairs for the purpose of checking the Passport, Birth Certificate and Citizenship Certificate databases; (3) Land Information New Zealand; (4) the Companies Office; (5) Centrix Group Limited, Equifax, Illion and other data sources used by Cloudcheck as required (and I authorise these parties, including those not listed, that may be used by Cloudcheck, to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided).

Signature of applicant 1, director or trustee

Date signed

☐ I consent, for the purposes of verifying my identity, to the personal information that I have provided being used with and, where necessary, disclosed to third parties, including the following sources: (1) the NZTA for the purpose of checking the Driver Licence and MOTO databases; (2) the Department of Internal Affairs for the purpose of checking the Passport, Birth Certificate and Citizenship Certificate databases; (3) Land Information New Zealand; (4) the Companies Office; (5) Centrix Group Limited, Equifax, Illion and other data sources used by Cloudcheck as required (and I authorise these parties, including those not listed, that may be used by Cloudcheck, to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided).

Signature of applicant 2, director or trustee

Date signed

☐ I consent, for the purposes of verifying my identity, to the personal information that I have provided being used with and, where necessary, disclosed to third parties, including the following sources: (1) the NZTA for the purpose of checking the Driver Licence and MOTO databases; (2) the Department of Internal Affairs for the purpose of checking the Passport, Birth Certificate and Citizenship Certificate databases; (3) Land Information New Zealand; (4) the Companies Office; (5) Centrix Group Limited, Equifax, Illion and other data sources used by Cloudcheck as required (and I authorise these parties, including those not listed, that may be used by Cloudcheck, to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided).

Signature of applicant 3, director or trustee

Date signed



NOTES

1. **Identification details – please provide details and a certified copy of the documents set out below, depending on the option that you choose:**

Option 1	Option 2	Option 3
ONE of the following	ONE of the following	ONE of the following
<ul style="list-style-type: none"> Personal details page of your passport 	<ul style="list-style-type: none"> New Zealand or foreign full birth certificate Certificate of New Zealand citizenship or a certificate issued by a foreign government 	<ul style="list-style-type: none"> A New Zealand driver license
	ONE of the following	ONE of the following
	<ul style="list-style-type: none"> New Zealand driver license or 18+ card Valid and current international driving permit and a license from another country with a translation 	<ul style="list-style-type: none"> A bank statement issued by a registered bank in the 12 months immediately preceding the date of the application. A statement issued by a government agency to you in the 12 months immediately preceding the date of the application, for example a statement from Inland Revenue.

2. **Proof of address details – investors must provide proof (either original or certified copy of the residential address addressed to them that is not more than 3 months old.**

ONE of the following

- Bank statement
- Utility bill (e.g. electricity bill, gas bill or landline and internet bill)
- Letter or statement issued by a government agency.

CERTIFICATION OF DOCUMENTS

We will accept photocopied documents certified by someone who is over 16 years of age and is ONE of the following

- | | |
|--|--|
| <ul style="list-style-type: none"> Commonwealth Representative (as defined in the Oaths and Declarations Act 1957) Member of the Police Justice of the Peace Registered medical doctor Kaumātua Registered teacher Minister of religion | <ul style="list-style-type: none"> Lawyer (as defined in the Lawyers and Conveyancers Act 2006) Notary public New Zealand Honorary consul Member of Parliament Chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996) A person who has the legal authority to take statutory declarations or the equivalent in New Zealand |
|--|--|

When certification occurs overseas, copies of international identification provided by a customer resident overseas must be certified by a person authorised by law in that country to take statutory declarations or the equivalent in the customer's country.

The person certifying your document must NOT be any of the following:

- related to you; for example, your parent, child, brother, sister, aunt, uncle or cousin
- your spouse or partner
- a person who lives at the same address as you
- a person involved in the transaction or business requiring the certification

If insufficient identification and address verification is provided, your application will be rejected and your payment returned. Payments returned to investors will not be eligible to accrue any interest

The person certifying your documents **MUST** sight the originals and make a statement to the effect that the documents are a true copy and represent the identity of the named person. The certification **MUST** include the following with the certification not more than three months old

- Name and signature of the person certifying the documents
- Date of certification
- The capacity in which the person is certifying the documents (from the list of individuals above)

Wholesale Investor Certificate Safe Harbour Certificate

Clause 44 of Schedule 1 of the Financial Markets Conduct Act 2013

Note: If you provide this certificate you will be treated as a wholesale investor for the purposes of investing in the **Maple-Brown Abbott Investment Funds**.

Warning

The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments.

Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000.

You will be a Wholesale Investor, if you:

1. are an investment business; or
2. are **large**; or
3. are a government agency; or
4. meet the investment activity criteria,

within paragraph 3(2) and paragraph 36(b) of Schedule 1 of the Financial Markets Conduct Act 2013 (FMCA) (see below). If you are a Wholesale Investor please tick the relevant categories that you fall into. If more than one category applies, please tick each category that applies.

An investor may also be a Close Business Associate of the offeror, as outlined below.

Certification by wholesale investor

Name of investor: _____

Please check the points below that qualify you as a wholesale investor.

☐ Investment Business

I/we hereby certify that I/we am/are Wholesale Investor(s) by reason of being an **investment business** falling within paragraph 3(2)(a) and paragraph 36(b)(i) of Schedule 1 of the FMCA on the grounds that I/we am/are (tick the category below which applies):

- ☐ an entity whose principal business consists of 1 or more of the following:
 - investing in financial products; or
 - acting as an underwriter; or
 - providing a financial advice service; or
 - providing a client money or property service; or
 - trading in financial products on behalf of other persons; or
- ☐ a registered bank; or
- ☐ a NBDT (within the meaning of section 5 of the Non-bank Deposit Takers Act 2013); or
- ☐ a licensed insurer (within the meaning of section 6(1) of the Insurance (Prudential Supervision) Act 2010); or
- ☐ a manager of a registered scheme, or a discretionary investment management service, that holds a market services licence; or
- ☐ a derivatives issuer that holds a market services licence (within the meaning of the FMCA); or
- ☐ a financial adviser (within the meaning of the FMCA).

☐ Investment activity criteria

I/we hereby certify that I/we am/are Wholesale Investor(s) by reason of satisfying the **investment activity criteria** falling within paragraph 3(2)(b) and paragraph 36(b)(ii) of Schedule 1 of the FMCA on the grounds that I/we: (tick the category below which applies)

- ☐ own or at any time during the last 2 year period before the date I/we give this certification, have owned a portfolio of specified financial products of a value of at least \$NZ1 million in aggregate (Note for the purposes of this calculation, specified financial products owned by an entity controlled by you, may be treated as being owned by you); or
- ☐ have, during the last 2 year period before the date I/we give this certification, carried out 1 or more transactions to acquire specified financial products where the amount payable under those transactions (in aggregate) is at least \$NZ1 million and the other

parties to the transactions are not associated persons (for the purposes of this calculation, transactions carried out by an entity controlled by you may be treated as carried out by you); or

- ☐ am an individual who has, within the last 10 years before the date I give this certification, been employed or engaged in an investment business and have, for at least 2 years during that 10 year period, participated to a material extent in the investment decisions made by the investment business.

☐ **Large**

I/we hereby certify that I/we am/are Wholesale Investor(s) by reason of being **large** falling within paragraph 3(2)(c) and paragraph 36(b)(iii) of Schedule 1 of the FMCA on the grounds that (tick the category below which applies):

- ☐ as at the last day of each of the 2 most recently completed financial years before the date of this certificate, my/our net assets and those of the entities controlled by me/us exceeded \$NZ5 million; or
- ☐ in each of the 2 most recently completed financial years before the date of this certificate, my/our total consolidated turnover and that of the entities controlled by me/us exceeded \$NZ5 million.

☐ **Close Business Associate**

The Investor is a **Close Business Associate** of the Offeror if the Investor on the grounds that (tick the category below which applies):

- ☐ is a director or senior manager of the Offeror or of a related body corporate of the Offeror;
- ☐ holds or controls 5% or more of the voting products of the Offeror;
- ☐ is a related body corporate of the Offeror;
- ☐ holds or controls 20% or more of the voting products of a related body corporate of the Offeror;
- ☐ is a partner of the Offeror or of a director of the Offeror (under the Partnership Act 1908);
- ☐ is a spouse, civil union partner, or de facto partner of a person who is a close business associate of the Offeror;
- ☐ is a child, parent, brother, or sister of a person who is a close business associate of the Offeror; or
- ☐ has a close professional or business relationship with the offeror, or a director or senior manager of the offeror, that allows the Investor to:
 - ☐ assess the merits of the offer; or

- obtain information from the offeror or any other person involved in the offer that will enable the Investor to assess the merits of the offer.

To accept the offer of Financial Products as a close business associate, please tick the applicable box and sign this confirmation below. By signing you confirm that you come within the above definition of close business associate in relation to the Offeror.

Client Acknowledgement and Authorisation

I/we hereby certify that I/we understand the consequences of certifying myself/ourselves to be a "Wholesale Investor", including (without limitation) that:

I/we will be treated as a "Wholesale Investor" for the purposes of the FMCA; and

Disclosure under the FMCA will not need to be made to me/us in relation to any financial products I/we acquire and I/we may not have access to all of the legal protections which would apply if I/we were Retail Investors.

I am/we are providing this certificate to FundRock NZ Limited (FundRock NZ) so that FundRock NZ may treat me/us as a wholesale investor under the FMCA. I /we undertake to notify FundRock NZ if I/we no longer meet the above specified wholesale investor criteria.

This certificate will expire 2 years after the date on which it is given.

Client type: Individual(s) (if multiple, all individuals must sign)

Name of Account Holder/Authorised
Signatory

Name of Account Holder/Authorised
Signatory

Signature

Signature

Date

Date



Client type: Entity

Name of Entity:

Entity type (tick the category that applies):

- ☐ Company
- ☐ Trust

I/We certify that I/we have been authorised by the Entity to sign and give this certificate on behalf of the Entity.

Name of Account Holder/Authorised
Signatory

Name of Account Holder/Authorised
Signatory

Signature

Signature

Date

Date