



# FUNERAL SAVINGS ACCOUNT APPLICATION

Catholic Diocese of Hamilton Chanel Centre, 51 Grey St Hamilton 3216, PO Box 4353, Hamilton East 3247  
Email [cdh@cdh.org.nz](mailto:cdh@cdh.org.nz) Fax 07 856 7035 Ph 0800 THE CDF (0800 843 233)



## IMPORTANT NOTICE - please read

This application is issued with the latest Product Disclosure Statement (PDS) for an offer of debt securities issued by the Roman Catholic Bishop of the Diocese of Hamilton, trading as the Catholic Development Fund (CDF). The latest PDS and the Trust Deed can be viewed at the following websites: NZ Companies Office [www.business.govt.nz/](http://www.business.govt.nz/) disclose or CDF Hamilton [www.cdfhamilton.org.nz](http://www.cdfhamilton.org.nz) or visit the Diocesan Office: 51 Grey Street, Hamilton East, Hamilton 3216

**Please Note:** please complete and return this Account Application Form to the CDF. Subject to the CDF's legal requirements, the CDF will send you a debt instrument certificate showing your opening account balance upon receipt of your opening deposit. In accordance with the Terms and Conditions, you have 30 days from the date your Account is opened to cancel your Account Application without obligation or fee.

Please complete applicable  boxes

## Applicant Details

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Residential Address	<input type="text"/>		
Postal Address	<input type="text"/>		
Date of Birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>	Mobile	<input type="text" value="( )"/> <input type="text" value=""/>
		Ph No.	<input type="text" value="( )"/> <input type="text" value=""/>
Email	<input type="text"/>		
IRD Number	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	NZ Resident Withholding Tax Rate	10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 30% <input type="checkbox"/> 33% <input type="checkbox"/> Other % <input type="checkbox"/>

\* if no IRD number provided, "non-declaration" rate of 45% applies \* if no RWT rate provided a default rate of 33% applies \* if you are unsure which tax bracket you fit into, visit [www.ird.govt.nz](http://www.ird.govt.nz)

## Alternative Contact Details

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Physical Address	<input type="text"/>		
Email	<input type="text"/>		
Relationship to Applicant	<input type="text"/>	Mobile	<input type="text" value="( )"/> <input type="text" value=""/>
		Ph No.	<input type="text" value="( )"/> <input type="text" value=""/>

I authorise the CDF on proof of my death to pay my funeral costs to	→	<input type="text"/>
and (if applicable), pay any remaining balance in my account to (insert name, address, contact details at right)	→	<input type="text"/>
unless prior to payment CDF has been instructed otherwise in writing by my Executor(s)/Personal Representative(s) of my Will named at right - (if different from above named)	→	<input type="text"/>

## HOW DO YOU WISH TO PAY?

☐ **Online Payment** (Please identify your payment by inserting your LAST/FIRST NAME)

☐ **Automatic Bank Authority**  
Please set up with your bank

Account Name: **R C Bishop of Hamilton - CDF A/c**  
A/c No: **02 0342 0050008 06**  
Bank: **BNZ** Branch: **Hamilton**

**YOUR ID** (incl any Power-of-Attorney[s]) - to be confirmed in accordance with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML / CFT)

Please provide a copy of current - (unless you have provided to the CDF already)

1. ☐ **PASSPORT** (photo, signature, date-of-birth page) OR ☐ **DRIVER'S LICENCE** (both sides) **plus** eg: full birth certificate, Super Gold Card (both sides) or credit/debit card (both sides. Please blank out numbers)

These copies need to be verified in-person (please bring original documents) by authorised CDF staff OR certified (please see over for details)

**PLEASE SEE OVERLEAF FOR CHECKLIST, SIGNING AND DATING** →

**Source of Funds or Wealth** (Of applicant and any beneficial owner of this account) eg: property sale, bequest, inheritance, rental income, salary, accumulated savings, other (specify). **Only complete if applicant is a trust, politically-exposed person (refer NZ AML/CFT Act 2009's Interpretation) or if CDF otherwise requests. Written evidence may be required.**

### Applicant's Proposed Relationship with CDF

Nature eg: single or casual lump sum(s), low or high transaction frequency, low or high transaction value

Purpose eg: (while it's self-evident the purpose of opening this standard deposit account is for helping build savings, if there are other reasons please insert below)

### DOCUMENT CERTIFICATION Where the CDF is not able to certify original identity documents face-to-face.

**For copies of identity documents to be acceptable, they must be certified by a trusted referee.**

**A trusted referee is:**

- |  |   |
|--|---|
| a. Commonwealth representative (as defined in the Oaths and Declarations Act 1957) | h. Lawyer (as defined in the Lawyers and Conveyancers Act 2006)   |
| b. A member of the Police  | i. Notary public  |
| c. Justice of the Peace  | j. New Zealand Honorary Consul  |
| d. Registered medical doctor   | k. Member of Parliament   |
| e. Kaumatua (as verified through a reputable source)                               | l. Chartered Accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996) |
| f. Registered teacher  | m. A person who has the legal authority to take statutory declarations or equivalent in New Zealand                       |
| g. Minister of religion  |   |

**In addition, the trusted referee must not be:**

- a) related to the customer, for example, trusted referee cannot be a parent, child, brother, sister, aunt, uncle or cousin
- b) the spouse or partner of the customer
- c) a person who lives at the same address as the customer
- d) anyone else not independent of the account holder (applicant) or the transaction to which the certification applies.

**The trusted referee (certifier) must sight the original documentary identification, and make a statement to the effect that the documents provided are a true copy and represent the identity of the named individual (link to the presenter).**

**Certification must include the name, signature and date of certification. The trusted referee must specify their capacity to act as a trusted referee from sections a) to m) above, and state their registration number (if applicable).**

**Certification must have been carried out in the three months preceding the presentation of the documents.**

**Source: NZ Department of Internal Affairs, Financial Markets Authority, Reserve Bank of NZ (AML/CFT Amended Identity Verification Code of Practice 2013)**

**Please check you have -**

**1. Completed the applicable white boxes overleaf, above and below 2. Ticked, signed and dated below.**

**Now email, post or drop off to CDF.**

Email: [cdf@cdh.org.nz](mailto:cdf@cdh.org.nz)

Physical address: 51 Grey Street, Hamilton East, Hamilton 3216

Postal address: PO Box 4353, Hamilton East, Hamilton 3247

### Privacy Act 2020

The personal information provided in this application is collected by and held by the Catholic Development Fund, Catholic Diocese of Hamilton, Chancel Centre, 51 Grey Street, Hamilton East, and may be used by it to offer you services and products from time to time. If you do not wish to receive such offers, please write 'No' here  Certain information will be released to Inland Revenue to comply with tax requirements. You have the right under the Privacy Act to obtain access to and request correction of any personal information held by the Catholic Development Fund, or any change of address or telephone number

☐ I hereby consent to the Roman Catholic Bishop of the Diocese of Hamilton (trading as the Catholic Development Fund (CDF)) using and disclosing my personal information identified in this application form to RealYou Limited (trading as RealAML) and any subsequent e-verification provider used by the CDF from time to time for the purpose of fulfilling CDF's obligations under the AML/CFT Act 2009. I further acknowledge that, where applicable, my consent applies to one or more named account holders and/or their personal representatives.

☐ Please tick I have read and retained a copy of the latest PDS for the offer of debt securities issued by the Roman Catholic Bishop of the Diocese of Hamilton. I have also read the CDF Funeral Savings Account brochure (also incorporating Terms and Conditions relating to this investment). I agree to be bound by those Terms and Conditions, including the Release and Indemnity contained in those Terms and Conditions.

**Applicant (or POA) Signature**

**Date**

If signing under Power of Attorney (POA), please supply a copy of the Property POA document and add "POA" after your signature. You may be asked to supply a Certificate of Non-revocation which confirms that the POA is current.

### FOR OFFICE USE ONLY

Name	<input type="text"/>	ID Complete	<input type="text"/>	Address Complete	<input type="text"/>
Date Received	<input type="text"/>	Signing Authority	<input type="text"/>	PEP Checked	<input type="text"/>
Initial Deposit	<input type="text"/>	Source of F/W	<input type="text"/>	Certificate Issued	<input type="text"/>
Account No:	<input type="text"/>	Information Loaded	<input type="text"/>	Account Opened	<input type="text"/>