EDUCATION SAVINGS ACCOUNT APPLICATION

Catholic Diocese of Hamilton Chanel Centre, 47 Clyde St Hamilton 3216, PO Box 4353, Hamilton East 3247
Email cdf@cdh.org.nz Ph (07) 8566989 OR 0800 THE CDF (0800 843 233) www.cdfhamilton.org.nz

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 Hamilton, trading as the Catholic Development Fund (CDF). The latest PDS and the Trust Deed can be viewed on the following websites: www.cdfhamilton.org.nz or www.business.govt.nz/disclose or at the Chanel Centre: 47 Clyde Street, Hamilton East

PLEASE NOTE: Please complete and return this Account Application Form to the CDF either in person or by email. In accordance with its Legal requirements, the CDF will issue you with a Debt Instrument Certificate showing the opening balance of your account. In accordance with the account 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 ALL APPLICABLE BOXES

APPLICANT DETAILS

Title: Mr/Mrs/Ms	Surname		First names	
Residential Address				
Preferred Postal Address				
Occupation		Former Occupation (if retired)		
Date of Birth	/ /	Mobile		Ph
Email				
IRD No	RWT Rate 10.5% ☐ 17.5% ☐ 30% ☐ 33% ☐ Other% ☐			

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

NOMINATED ACCOUNT BENEFICIARY DETAILS: ***(the person(s) whose education is to be paid from this account)***

Surname		First Names	
Residential Address		D.O.B.	
Surname		First Names	
Residential Address		D.O.B	

If more than two beneficiaries, please contact CDF for additional form or download from www.cdfhamilton.org.nz

HOW DO YOU WISH TO PAY	Deposit Amount: $
Online Payment ☐ Please use first & last names as reference	Automatic Payment ☐ Please arrange this with your bank
Account Name: R C Bishop of Hamilton – CDF A/C	
Account Number: 02 0342 0050008 06	
Bank: BNZ Branch: Hamilton Branch	

YOUR IDENTIFICATION (including any Power-of-Attorney) must be confirmed in accordance with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009. Please provide a copy of both sides of your current NZ PASSPORT or DRIVERS LICENCE AND one of birth cert/Super Gold Card/bank card. These copies must be verified in-person (please bring original documents) by authorised CDF staff OR certified by a trusteed referee -(please see over for details)

Continued overleaf…

SOURCE OF FUNDS: (Of applicant) e.g.: property sale, inheritance, rental income, salary, accumulated savings, other (specify).
APPLICANTS PROPOSED RELATIONSHIP WITH THE CDF: e.g.: single/casual lump sum(s), low/ high transaction frequency or value
PURPOSE OF ACCOUNT:

DOCUMENT CERTIFICATION: Where the CDF is unable to certify original identity documents face-to-face, copies of identity documents **MUST be certified by a trusted referee. Examples of trusted referees are:** solicitor, Justice of the Peace, police officer, medical doctor, minister of religion, a member of parliament or registered teacher. NB: A trusteed referee (certifier) must be over the age of 18 years, not be related to the customer in any way nor share the same address as the customer.

The trusted referee must sight the **ORIGINAL** identification documents and make a statement to the effect that the documents provided are true copies **and represent the identity of the named individual.** This wording is most important. **Certification must include** the name, signature and date of certification. The trusted referee must specify their capacity to act as a trusted referee, print their name and registration number (if applicable) and affix their signature.

Certification must be carried out in the three months preceding the presentation of the copied documents to the CDF.

Source: NZ Department of Internal Affairs; Financial Markets Authority, Reserve Bank of NZ

Certification When Overseas-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 a statutory declaration or equivalent in the customer's country.

Please check that you have:

1. **Completed ALL applicable boxes overleaf and below** ☐
2. **Signed and dated below** ☐

Privacy Act 2020

The personal information provided in this application is collected by and held by the Catholic Development Fund, Catholic Diocese of Hamilton, Chanel Centre, 47 Clyde, 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 of any personal information held by the Catholic Development Fund, or any change of address or telephone number

☐ I/we hereby consent to the Roman Catholic Bishop of the Diocese of Hamilton (trading as the Catholic Development Fund (CDF)) using and disclosing my/our 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/we further acknowledge that, where applicable, my/our consent applies to one or more named account holders and/or their personal representatives.

☐ *Please tick* I/we 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/we have also read the CDF Education Savings Account brochure (also incorporating Terms and Conditions relating to this investment). I/we agree to be bound by those Terms and Conditions, including the Release and Indemnity contained therein.

Applicant or POA Signature		**Date**	
Print name			
Applicant or POA Signature		**Date**	
Print Name			

Signing as duly appointed POA for Applicant **Yes** ☐ **No** ☐

If signing under Power of Attorney (POA), please supply a certified 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			TD Complete ☐	Address complete ☐
Date Received	/ /		Signing Authority ☐	PEP Checked ☐
Initial deposit			Source of F/W ☐	Certificate issued ☐
A/C number			Information loaded ☐	Account opened ☐