



# STANDARD DEPOSIT ACCOUNT APPLICATION

Catholic Diocese of Hamilton Chancel Centre, 47 Clyde St, Hamilton 3216, PO Box 4353, Hamilton East 3247

Email [cdf@cdh.org.nz](mailto:cdf@cdh.org.nz) Ph (07) 8566989 OR 0800 THE CDF (0800 843 233) [www.cdfhamilton.org.nz](http://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](http://www.cdfhamilton.org.nz) or [www.business.govt.nz/disclose](http://www.business.govt.nz/disclose) or at the Chancel 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% <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             |    | First Names                                                                                                                                           |  |
| Residential Address |    | Relationship to Applicant                                                                                                                             |  |
| Email Address       |    | Phone number                                                                                                                                          |  |
| Our Deposit         | \$ | On- Call <input type="checkbox"/> Term (min dep \$100) 3mths <input type="checkbox"/> 6mths <input type="checkbox"/> 12 mths <input type="checkbox"/> |  |

### ON MATURITY (for term deposits only) please:

- ☐ Reinvest the principal and interest for a further term as above until further notice  
☐ Reinvest the principal only on the same term as above and credit the net interest to my/our bank account  
☐ Fully redeem to the following bank account:

|                   |  |                     |  |
|-------------------|--|---------------------|--|
| Bank account name |  | Bank Account number |  |
|-------------------|--|---------------------|--|

### HOW DO YOU WISH TO PAY

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| Online Payment <input type="checkbox"/>    | Automatic Payment <input type="checkbox"/> |
| Please use first & last names as reference | Please arrange this with your bank         |

Account Name: R C Bishop of Hamilton – CDF A/C

Account Number: 02 0342 0050008 06

Bank & Branch: BNZ 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 trustee referee -(please see over for details)**

Continued overleaf...



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| SOURCE OF FUNDS: (Of applicant) e.g.: property sale, inheritance, rental income, salary, accumulated savings, other (specify).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                                             |                                             |
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| APPLICANTS PROPOSED RELATIONSHIP WITH THE CDF: e.g.: single/casual lump sum(s), low/ high transaction frequency or value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                             |                                             |
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| PURPOSE OF ACCOUNT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                             |                                             |
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| <p><b>DOCUMENT CERTIFICATION:</b> Where the CDF is unable to certify original identity documents face-to-face, copies of identity documents <b>MUST be certified by a trusted referee.</b> Examples of trusted referees are: solicitor, Justice of the Peace, police officer, medical doctor, minister of religion, a member of parliament or registered teacher. <b>NB:</b> A trusted 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.</p> <p>The trusted referee must sight the <b>ORIGINAL</b> identification documents and make a statement to the effect that the documents provided are true copies <b>and represent the identity of the named individual.</b> This wording is most important. <b>Certification must include</b> 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.</p> <p><b>Certification must be carried out in the three months preceding the presentation of the copied documents to the CDF.</b></p> <p><i>Source: NZ Department of Internal Affairs; Financial Markets Authority, Reserve Bank of NZ</i></p> <p><b>Certification When Overseas-</b>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.</p>                                                                                                                                                  |     |                                             |                                             |
| <b>Please check that you have:</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> 1. Completed ALL applicable boxes overleaf and below<br/> 2. Signed and dated below </div> <div style="text-align: right;"> <input type="checkbox"/><br/> <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                             |                                             |
| <p><b>Privacy Act 2020</b></p> <p>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 <input type="checkbox"/>. 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</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> |     |                                             |                                             |
| Applicant or POA Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Date                                        |                                             |
| Print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                             |                                             |
| Applicant or POA Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Date                                        |                                             |
| Print Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                             |                                             |
| Signing as duly appointed POA for Applicant    Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                             |                                             |
| <i>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.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                             |                                             |
| FOR OFFICE USE ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |                                             |                                             |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | TD Complete <input type="checkbox"/>        | Address complete <input type="checkbox"/>   |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | / / | Signing Authority <input type="checkbox"/>  | PEP Checked <input type="checkbox"/>        |
| Initial deposit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Source of F/W <input type="checkbox"/>      | Certificate issued <input type="checkbox"/> |
| A/C number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Information loaded <input type="checkbox"/> | Account opened <input type="checkbox"/>     |