

# Pre-Paid Funeral Trust Application



## Customer details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Other ( <i>please state</i> )
Family name	( <i>the Beneficiary</i> )				
Given name(s)					
Date of birth					
Occupation					

### Home address

Number/street
Suburb
Town/city
Postcode

### Postal address (*if different from home address*)

Number/street or PO Box
Suburb
Town/city
Postcode

### Telephone numbers

Day
Evening

### Other contact details

Email address*
Mobile number

\* By adding your email address, you authorise Public Trust to contact you regarding the pre-paid funeral trust and other information regarding products and services if appropriate.

Are you an existing Public Trust customer? No  Yes  ▶ If yes, please enter your customer number (*if known*)

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## Details of my Will

My Will is currently held at: \_\_\_\_\_

Funeral directions have been included in my Will

I wish to make a Public Trust Will and enduring power of attorney (EPA) (*Please contact me*)

## Initial contribution and establishment fee details

**Initial contribution** I would like to make a lump-sum contribution of (*minimum \$3,000 excluding establishment fee*)

\$
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**Trust establishment fee** (*\$210 or \$160 (both include GST) if Will and EPAs are held by Public Trust*)

\$
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**Total of initial contribution and establishment fee**

\$
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I would like to pay by...

Transfer from my Public Trust On Call account

I have enclosed a cheque for the total amount

I have included separate cheques for initial contribution and establishment fee.

*Please make your cheque for the total initial contribution and establishment fee payable to 'Public Trust'.*

## Ongoing contributions

I want to make a regular contribution of...

(Minimum \$50 fortnightly; \$100 four-weekly, monthly or quarterly)

\$
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I would like the frequency of these regular contributions to be...

Fortnightly  Four-weekly  Monthly  Quarterly

Start date

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(allow approx. three weeks)

If you would like to make regular contributions, please ensure that you also complete a direct debit payment authority. These are available from your nearest Public Trust customer centre or by phoning our contact centre on 0800 371 471.

## Telephone service

**Do you want to use the telephone service?**  
(please complete a direct debit payment authority if you wish to make deposits by phone)

No  Yes

▶ If yes, please choose a confidential security code  
(you can use up to 10 numbers and/or letters)

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## Personal information

I understand that the Privacy Act 1993 allows me to access and/or request correction of any personal information about me held by Public Trust. This personal information may be used to introduce me to other products or services offered by Public Trust. If I want this to occur, I will write YES in this box.

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## 30-day 'free-look' period

If I change my mind about setting up a pre-paid funeral trust, I must notify Public Trust of my intention to cancel within 30 days of applying. Public Trust will then refund the establishment fee and my contributions.

## Customer signature(s)

I apply to establish a pre-paid funeral trust on the terms set out in this application form and in the Master Trust Deed signed by Public Trust on 21 August 2002. Money is invested in the Funeral Trust Cash Fund which is a Portfolio Investment Entity (PIE) managed fund invested in Public Trust's Common Fund. A copy of the Master Trust Deed is available on request.

I understand that, once the 30-day "free-look" period has passed, **I will only be able to cancel or withdraw funds from my funeral trust in exceptional circumstances.** I also understand that this application is subject to acceptance by Public Trust and to payment by me of the establishment fee.

Customer signature ..... Date ...../...../.....

**Please note:** The Financial Transactions Reporting Act 1996 requires Public Trust to verify all new investors' identities. If you provide us with:

1. a cheque in your name, drawn on a New Zealand bank account, or
2. a direct debit from your New Zealand bank account, in the names of the investor(s) entered above and accompanied by an original or certified copy of a bank-encoded deposit slip for the account, we will not need any further identification from you.

However, if you provide us with:

a New Zealand bank or third party cheque, bank draft or cash for investment, we will need you to identify yourself using one of the following forms of photographic identification: passport, driver licence or New Zealand firearms licence. If no photographic identification is available, please provide certified copies of two forms of non-photographic identification e.g. marriage certificate, birth certificate or credit or ATM card issued by a New Zealand bank.

FOR OFFICE USE ONLY: Investor ID verified where applicable No  Yes

Staff CSO

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Date

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