

# Pre-Paid Funeral Trust Application

Effective from 03/04/2017



## Customer Details

\*mandatory fields

Title:	Town and country of birth*:
Surname / family name*:	Date of birth*:
First and middle name(s)*:	Occupation:

## Residential address

Number/street*:
Suburb*:
Town/city*:
Postcode*:
Country of residence*:
Home phone*:
Mobile:

## Postal address (if different from residential address)

Number/street or PO Box:
Suburb:
Town/city:
Postcode:
Country:
Email address*:

By ticking this box, you authorise Public Trust to email you regarding the Prepaid Funeral Trust (Trust) and other information regarding Public Trust products and services.

## Tax details

Are you a New Zealand tax resident*:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
New Zealand IRD number*:		
Are you a US tax resident or US citizen*:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a tax resident of any country other than New Zealand?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*If yes, please complete details to the right*

Country of tax residence*	TIN** (Taxpayer Identification Number)

\*\*If TIN is not provided, please include a reason.

## Sources of Funds or Wealth

What is the origin of the funds entering the Trust*? <i>(e.g. lifetime savings, sale of assets, employment income, other)</i>
What bank account number is the initial or ongoing payment being made from*? <i>Please provide copies of the latest bank statement.</i>

## Funeral Instructions

Have your funeral directions been included in the Will?

<input type="checkbox"/> Yes, the Will is currently held at _____	<input type="checkbox"/> No, I would like to talk to Public Trust about updating my Will or making a new Will
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## Initial Contributions

I would like to make an initial contribution of*: (minimum \$500 excluding establishment fee) \$
I would like to pay by:
<input type="checkbox"/> Transfer from my Public Trust On Call Account
<input type="checkbox"/> Other (please specify*)
If you would like us to debit your Public Trust On Call Account, please ensure that you complete a direct debit payment authority form.

## Ongoing Contributions

I would like to make a regular contribution of*: (minimum \$50 fortnightly; \$100 four-weekly, monthly or every three months) \$
I would like the frequency of these regular contributions to be:
<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
<input type="checkbox"/> Four-weekly <input type="checkbox"/> Every three months
If you would like to make regular contributions, please ensure that you complete a direct debit payment authority form.

## Terms and Conditions

### Fees

In addition to the establishment fee, a closure fee applies when the Trust is closed. The closure fee will be charged at the rate applicable on the date the Trust is closed, and will be deducted from the Trust. Public Trust reserves the right to change the fees applicable to the Trust at any time. Please refer to [www.publictrust.co.nz](http://www.publictrust.co.nz) or contact us for the most up-to-date price list.

### Use of personal information

Public Trust uses the personal information provided on this form to deliver products or services to you, as well as to contact you about other Public Trust products, services or promotions. All personal information will be used in accordance with our Privacy Policy, which may be changed from time to time.

You confirm that:

- a) if you are the only person signing this form and information of others has been provided, you have their authority or they consent to their information being provided and used in accordance with this notice; and
- b) any personal information provided may be disclosed to assist with meeting our legal or compliance obligations.

We may require you to provide additional information to assist us in complying with FATCA or AEOL provisions of tax legislation or any IGA entered into by the New Zealand Government in respect of such legislation.

If you do not provide the personal information required in this form, Public Trust may not be able to commence a business relationship with you. You are welcome to ask for, have access to, and check the personal information that we hold about you – and if you believe that any of it is incorrect, you can ask us to correct it by:

- Phoning us on 0800 371 471
- Emailing us at [info@publictrust.co.nz](mailto:info@publictrust.co.nz), or
- Visiting your nearest Public Trust Customer Centre

Full details, including how to contact us or make a complaint, are included in Public Trust's Privacy Policy which is located on our website at [www.publictrust.co.nz](http://www.publictrust.co.nz)

### Acknowledgment and Signatures

I apply to establish a Trust on the terms set out in this application form and in the Master Trust Deed dated 3 April 2017. 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:

- I will not be able to request an early withdrawal of funds from my Trust unless Public Trust, in its sole discretion in exceptional circumstances permits me to. Such withdrawal will be subject to conditions (as set out in the Master Trust Deed).
- this application is subject to acceptance by Public Trust (Public Trust has the right not to accept an application for any reason) and the establishment fee is payable upon acceptance.

I declare that:

- The information I have provided in this form is correct and complete to the best of my knowledge and belief.
- I consent to Public Trust providing the information held in relation to the Tax Administration Act and related legislation, to tax authorities as required by New Zealand laws. I will notify Public Trust of any change I have become aware of which would render any answer above incorrect or incomplete.
- I am the customer/ controlling person (or am authorised to sign for the customer) of all the product/service(s) to which this form relates.

*The following acknowledgments are only applicable if a Funeral Director was involved in the referral process (tick to confirm acknowledgment).*

**Acknowledgment of and consent to commission payment**

I acknowledge that if I proceed with the Trust, the Funeral Director that referred me to the Trust will receive a commission payment from Public Trust (subject to certain conditions being met). By signing this application form I consent to such commission payment being made by Public Trust to that Funeral Director. If I do not consent to Public Trust making the commission payment to the Funeral Director, the Funeral Director will be advised that they will not receive the commission payment in respect of my referral.

**Acknowledgment of no financial advice**

I acknowledge that in referring me to the Trust, the Funeral Director did not recommend or give an opinion that I should purchase the Trust.

Customer signature\*: \_\_\_\_\_

Date\*: \_\_\_ / \_\_\_ / \_\_\_\_\_

Print name\*: \_\_\_\_\_

*Note: If signing under a Power of Attorney please also attach a certified copy of the Power of Attorney.*

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> New Public Trust Customer	<input type="checkbox"/> Existing Public Trust Customer	Customer Owner No: _____
Payment Method:	<input type="checkbox"/> Cheque	<input type="checkbox"/> Separate cheques for initial contribution and establishment fee	<input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS
Name of referrer (if applicable):	_____		