

Set out below are the information requirements for two controlling persons.  
Please contact us if there are more than two controlling persons.

If necessary, please attach additional copies of this page to describe all Controlling Persons.

INV#

**CONTROLLING PERSON 1**

CLIENT#

**A. CAPACITY:**

Trustee  Director  Shareholder  Appointor/Settlor  Authorised Signatory  Partner  Other \_\_\_\_\_

Title:	First name(s):	Surname:
Date of birth: / /	Country of birth	Citizenship
Occupation	Home address	Postal address (if different to home address)
Home phone	Mobile phone	Email

**B. ARE YOU OR ARE YOU IMMEDIATELY RELATED TO:**

A senior member of NZ or foreign government, the judiciary, the military or an ambassador?  Yes  No

If Yes, please provide further information regarding position and relationship \_\_\_\_\_

**C. CONTROLLING PERSON TAX RESIDENCE(S)**

I confirm

I am a tax resident in New Zealand IRD #          (go to Section D) **AND/OR**

I am a tax resident of one or more countries other than New Zealand and I have listed all these below  
(Please note, United States of America Citizens are considered to be tax residents of the United States of America)

	Country of tax residence 1	Country of tax residence 2	Country of tax residence 3
List of all countries of tax residence (other than New Zealand)			
List Tax Identification Number (TIN) (or country equivalent)			
OR Reason if TIN is not provided	<input type="checkbox"/> A - Country doesn't issue TIN <input type="checkbox"/> B - Country doesn't require TIN collection <input type="checkbox"/> C - Applied for TIN, and will provide soon <input type="checkbox"/> Z - Cannot obtain TIN (explain below)	<input type="checkbox"/> A - Country doesn't issue TIN <input type="checkbox"/> B - Country doesn't require TIN collection <input type="checkbox"/> C - Applied for TIN, and will provide soon <input type="checkbox"/> Z - Cannot obtain TIN (explain below)	<input type="checkbox"/> A - Country doesn't issue TIN <input type="checkbox"/> B - Country doesn't require TIN collection <input type="checkbox"/> C - Applied for TIN, and will provide soon <input type="checkbox"/> Z - Cannot obtain TIN (explain below)
<b>AND IF</b> Reason Z, explanation for not being able to obtain TIN			

**D. IDENTIFICATION REQUIREMENTS: Please select option A, B or C**

**A: Biometric Verification – preferred method**

To make this verification process quick and simple for you, we have invested in facial recognition technology.

We use facial recognition technology to biometrically match your face to the picture on your ID. In order for us to do this you will be sent a link via a text message from First Mortgage Trust. Using your mobile phone you will be asked to:

1. take a photograph of your NZ or Australian driver licence or passport
2. follow prompts to take a video of your face
3. verify that the details captured off your driver licence or passport are correct
4. confirm or add your residential address
5. this information is then verified to confirm your ID and address.

*Preferred method as no documents required.*

<input type="checkbox"/> <b>B: Electronic Verification</b>	Form of Identification - Driver Licence	Form of Identification - Passport
Please select the form of certified identification provided and complete details in the corresponding column	NZ Driver Licence #	NZ Passport #
	Version #	D.O.B
	D.O.B	Expiry
	Expiry	Years at current address
	Years at current address	

**C: Certified Documentation**

Refer to Section 4.1 for identification options available. You will need to provide certified documents if we are unable to successfully identify you using option A.

*Please note certification of documents must be by a "trusted referee". See the description of who is a trusted referee in Annexure 2.*

If necessary, please attach additional copies of this page to describe all Controlling Persons.

**CONTROLLING PERSON 2** CLIENT#

**A. CAPACITY:**

Trustee  Director  Shareholder  Appointor/Settlor  Authorised Signatory  Partner  Other \_\_\_\_\_

Title:	First name(s):	Surname:
Date of birth: / /	Country of birth	Citizenship
Occupation	Home address	Postal address (if different to home address)
Home phone	Mobile phone	Email

**B. ARE YOU OR ARE YOU IMMEDIATELY RELATED TO:**

A senior member of NZ or foreign government, the judiciary, the military or an ambassador?  Yes  No

If Yes, please provide further information regarding position and relationship \_\_\_\_\_

**C. CONTROLLING PERSON TAX RESIDENCE(S)**

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<b>AND IF</b> Reason Z, explanation for not being able to obtain TIN			

**D. IDENTIFICATION REQUIREMENTS:** Please select option A, B or C

**A: Biometric Verification – preferred method**

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1. take a photograph of your NZ or Australian driver licence or passport
2. follow prompts to take a video of your face
3. verify that the details captured off your driver licence or passport are correct
4. confirm or add your residential address
5. this information is then verified to confirm your ID and address.

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<input type="checkbox"/> <b>B: Electronic Verification</b>	Form of Identification - Driver Licence	Form of Identification - Passport
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	Version #	D.O.B
	D.O.B	Expiry
	Expiry	Years at current address
	Years at current address	

**C: Certified Documentation**

Refer to Section 4.1 for identification options available. You will need to provide certified documents if we are unable to successfully identify you using option A.

Please note certification of documents must be by a "trusted referee". See the description of who is a trusted referee in Annexure 2.



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If necessary, please attach additional copies of this page to describe all Controlling Persons.

INV#

**CONTROLLING PERSON 3**

CLIENT#

**A. CAPACITY:**

Trustee  Director  Shareholder  Appointor/Settlor  Authorised Signatory  Partner  Other \_\_\_\_\_

Title:	First name(s):	Surname:
Date of birth: / /	Country of birth	Citizenship
Occupation	Home address	Postal address (if different to home address)
Home phone	Mobile phone	Email

**B. ARE YOU OR ARE YOU IMMEDIATELY RELATED TO:**

A senior member of NZ or foreign government, the judiciary, the military or an ambassador?  Yes  No

If Yes, please provide further information regarding position and relationship \_\_\_\_\_

**C. CONTROLLING PERSON TAX RESIDENCE(S)**

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**D. IDENTIFICATION REQUIREMENTS: Please select option A, B or C**

**A: Biometric Verification – preferred method**

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	Version #	D.O.B
	D.O.B	Expiry
	Expiry	Years at current address
	Years at current address	
<input type="checkbox"/> NZ Driver Licence or		
<input type="checkbox"/> NZ Passport		

**C: Certified Documentation**

Refer to Section 4.1 for identification options available. You will need to provide certified documents if we are unable to successfully identify you using option A.

*Please note certification of documents must be by a "trusted referee". See the description of who is a trusted referee in Annexure 2.*

If necessary, please attach additional copies of this page to describe all Controlling Persons.

**CONTROLLING PERSON 4** CLIENT#

**A. CAPACITY:**

Trustee  Director  Shareholder  Appointor/Settlor  Authorised Signatory  Partner  Other \_\_\_\_\_

Title:	First name(s):	Surname:
Date of birth: / /	Country of birth	Citizenship
Occupation	Home address	Postal address (if different to home address)
Home phone	Mobile phone	Email

**B. ARE YOU OR ARE YOU IMMEDIATELY RELATED TO:**

A senior member of NZ or foreign government, the judiciary, the military or an ambassador?  Yes  No

If Yes, please provide further information regarding position and relationship \_\_\_\_\_

**C. CONTROLLING PERSON TAX RESIDENCE(S)**

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**D. IDENTIFICATION REQUIREMENTS:** Please select option A, B or C

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	Version #	D.O.B
	D.O.B	Expiry
	Expiry	Years at current address
	Years at current address	

**C: Certified Documentation**

Refer to Section 4.1 for identification options available. You will need to provide certified documents if we are unable to successfully identify you using option A.

*Please note certification of documents must be by a "trusted referee". See the description of who is a trusted referee in Annexure 2.*



**DOCUMENTARY IDENTIFICATION OPTIONS**

Identification Option 1	Identification Option 2	Identification Option 3
<p>One of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> NZ Passport</li> <li><input type="checkbox"/> NZ Certificate of identity</li> <li><input type="checkbox"/> NZ Firearms Licence</li> <li><input type="checkbox"/> Overseas Passport</li> <li><input type="checkbox"/> Emergency travel document</li> <li><input type="checkbox"/> Foreign-issued national identity document</li> <li><input type="checkbox"/> NZ Refugee travel document</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> NZ Driver Licence</li> </ul> <p>and one of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A credit card, debit or EFTPOS card issued by a registered NZ bank (name and signature must be on the card)</li> <li><input type="checkbox"/> A bank account statement issued by a registered NZ bank addressed to the Relevant Person from the last 12 months</li> <li><input type="checkbox"/> A document issued by a NZ government agency containing the Relevant Person's name and signature (e.g. a SuperGold card)</li> <li><input type="checkbox"/> An IRD statement or other NZ government agency statement addressed to the Relevant Person from the last 12 months</li> </ul>	<p>One of the following forms of photo ID:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> NZ Driver Licence</li> <li><input type="checkbox"/> 18+ card (Hospitality Association)</li> <li><input type="checkbox"/> A valid International driving permit</li> </ul> <p>and one of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> NZ Birth Certificate</li> <li><input type="checkbox"/> Certificate of NZ Citizenship</li> <li><input type="checkbox"/> Citizenship Certificate issued by a foreign government</li> <li><input type="checkbox"/> Birth Certificate issued by a foreign government</li> </ul>

**Physical Address Verification Requirement**

In addition to the above, each Relevant (Controlling) Person must supply a copy of one form of address verification documentation from the following list which cannot be more than **6 months old**:

- Utility bill (water, power, telephone, gas, sky or internet service provider)
- IRD tax assessment notice (New Zealand)
- Credit card/bank statements from an active account
- Government valuation of real properties (evidencing ownership) or rates notice
- Tenancy Agreement for a New Zealand address

If you are a financial institution you will need to provide additional information. Please contact us for further information.

## YOUR DISCLOSURES, ACKNOWLEDGEMENTS AND AGREEMENTS

**A. Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT)**

You must not knowingly do anything to put First Mortgage Managers Limited (the "Manager" or "us") in breach of the AML/CFT.

You agree to provide all additional information and assistance requested by us and comply with all reasonable requests from us to facilitate our compliance with the AML/CFT.

You represent and warrant that you are not aware and have no reason to suspect that:

- the money used to fund any investment by you is derived from or related to any criminal or other illegal activities, money laundering, terrorism financing or similar activities; or
- the proceeds of any investment will fund any illegal activities.

The Manager cannot accept or process funds until such time as we have received all documentation required to satisfy our AML/CFT obligations. You agree that the Manager is not liable for any losses incurred as a result of any action we take or omit to take and which either delays your investment or results in an application being declined, when these actions or omissions are necessary for us to comply with our obligations under the AML/CFT.

**B. Privacy Act 2020**

This privacy statement relates to personal information (as that term is used in the Privacy Act 2020) that you are providing to us by way of this application and any subsequent personal information which you may provide in the future. The personal information you have supplied may be used by us (and our related entities) for the purposes of enabling us to arrange and manage your investment, to meet our obligations to identify you, to contact you in relation to your investment and to market other products and services to you.

You authorise us to disclose your personal information to the Manager's related entities, to any third parties, as may be needed to perform services by the Manager; to regulatory bodies or law enforcement agencies and to meet the Manager's legal or regulatory obligations. The Manager will provide you (on request) with the name and address of any entity to which information has been disclosed.

You have the right to access all personal information held by us about you. If any of the information is incorrect, you have the right to have it corrected. You acknowledge that you are authorised to provide this personal information. You agree that your name and address may be used by us to provide you with newsletters and other information about the Manager and other products and services, offered by the Manager.

**C. Tax Residency and Foreign Tax**

- I/We declare that all the information supplied and all statements made in this application form are, to the best of my/our knowledge and belief, correct and complete. I/We understand that not giving information or giving false information could have serious consequences under New Zealand law.
- I/We authorise the Manager to make any enquiries it considers necessary for confirmation of the above.
- I/We declare that: the information contained in this application form and information regarding the Investor, any account(s) and any Controlling Person may be reported to the tax authorities of the country/ jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Investor may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I/We undertake to advise the Manager within 20 days of any change in circumstances which affects the tax residency status of the Investor or cause the information contained herein to become incorrect or incomplete (including any changes to the information on Controlling Persons identified in Section 5 such as (but not limited to), if the Investor is a Passive NFE trust, if a beneficiary has received a distribution from the trust or intends to exercise vested rights, and to provide the Manager a suitably updated self-certification and declaration and relevant documentation (as requested) within 20 days (or a lesser period as requested by the Manager) of such change in circumstances.
- I/We certify that all statements made in this declaration also extend to any information that I/we (or an authorised person on my/our behalf) may supply to the Manager, in whatever manner, subsequent to signing this form.
- I/We understand the Manager may need extra information from me about my tax residency status, and I/we will provide any extra information the Manager requests.

**D. Power of Attorney**

If you are signing for the Investor under a power of attorney you have also attached:

- A certified copy of the power of attorney and completed the certificate of non-revocation; and
- Identification and verification of address of the attorney has been provided.

**E. Email Use**

You consent to receiving financial statements, and other documents which we are required to send to you, electronically at the email address on this form, or another email address advised to us.



**F. Authority**  
**Authorisation to instruct on the account**

Authorisation (please indicate below which controlling person/s from Section 5, and how many, are required to provide instructions to withdraw or make variations to your investment).

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Number of signatories required: \_\_\_\_\_

**G. Electronic Verification** - see 11. Declaration

**DECLARATION**

I/We have read and retained a copy of the attached Product Disclosure Statement for the First Mortgage Trust Group Investment Fund. I/We agree to the terms outlined above in relation to the Privacy Act, the supply of personal information, AML/CFT and Tax Residency acknowledgements. I/We understand that the value of my/our investment is liable to fluctuations and may rise and fall from time to time.

In addition, by signing this application form, companies, trusts and partnerships certify that:

- the trust/partnership/company has been duly established and is validly existing under the laws of New Zealand;
- the trust/partnership/company has not been terminated or liquidated and no event requiring the vesting of the trust's/partnership's/company's assets has occurred;
- the Controlling Persons are as shown on this application form; and
- this proposed investment will not cause any limitation on the powers of the trustees/partners/directors to be exceeded.

The Investor appoints Trustees Executors Limited as their agent for the purposes of making this investment and any subsequent investment.

**I/We understand that neither the Manager, Trustees Executors Limited nor any other person guarantees the performance of the First Mortgage Trust Group Investment Fund or the repayment of capital or any particular rate of return from the First Mortgage Trust Group Investment Fund.**

**Signed for Investor (each Controlling Person). Attach additional pages if more signatures are required:**

Signature		Signature	
Full Name		Full Name	
Date	Capacity	Date	Capacity

**Electronic Verification**

- I/We agree that the Manager may electronically verify the identity of those person(s) that have elected in Section 5 to have their identity verified in this manner.
- I/We agree to the Manager using the personal information collected in this agreement and identity documents provided to electronically verify identity (this includes address verification). This includes disclosing your personal information to external agencies to match that information with your personal information held in the databases of such agencies.

Signature		Signature	
Full Name		Full Name	
Date	Capacity	Date	Capacity

**Electronic Verification**

- I/We agree that the Manager may electronically verify the identity of those person(s) that have elected in Section 5 to have their identity verified in this manner.
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**PAYMENT METHOD**

1. Please scan and email the application form to: team@fmt.co.nz
2. Once we have received the completed documentation, and completed your account opening process, we will provide our bank account details to enable you to transfer investment funds.

**ANNEXURE 1 - Certificate of Non-Revocation of Power of Attorney**  
*(Complete only if this application is being signed by attorney)*

I/We \_\_\_\_\_

of *(address and occupation of attorney(s))* \_\_\_\_\_

**HEREBY CERTIFY THAT:**

1. By power of attorney dated the \_\_\_\_\_ day of \_\_\_\_\_

*(Name and occupation of person for whom attorney is signing)*

("donor") appointed me his/her/its attorney on the terms and conditions set out in that power of attorney.

2. I/We have executed the application for units printed on the face of this form as attorney under that power of attorney and pursuant to the power thereby conferred upon me.
3. At the date of this certificate I have not received any notice or information of the revocation of that power of attorney by the death (or winding up) of the donor or otherwise.

Signed at \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature(s) of attorney(s) \_\_\_\_\_





## ANNEXURE 2 - Application Forms Who is a Trusted Referee?

When supplying certified identification documents, the trusted referee must be at least 16 years of age and one of the following:

- Commonwealth representative (as defined in the Oaths and Declarations Act 1957)
- An employee of the Police who holds the office of constable
- Justice of the peace
- Registered medical doctor
- Kaumātua
- Registered teacher
- Minister of religion
- Lawyer
- Notary public
- New Zealand Honorary consul
- Member of Parliament
- Chartered Accountant
- A person who has the legal authority to take statutory declarations or the equivalent in New Zealand

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

- Related to the Investor; for example, a trusted referee cannot be a parent, child, brother, sister, aunt, uncle or cousin of the Investor
- The spouse or partner of the Investor
- A person who lives at the same address as the Investor
- A person involved in the transaction or business requiring the certification

The trusted referee must sight the original identification documentation, and make a statement on the copy to the effect that the documents provided are a true copy and correctly represent the identity of the Investor.

The certification by the trusted referee must include the name, occupation, signature of the trusted referee and the date of certification.

**Certification must have been carried out in the three months preceding the presentation of the copied document, to the Manager.**