How to complete the Application Form.

If you need help with understanding the application process or the documents you need to provide, please contact us on **0800 944 049** (free call) or **+649 925 3990** or by email at **enquiries@devonfunds.co.nz**

Investment instructions

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act) came fully into force on 30 June 2013. The following application forms and requests for documentation comply with the new requirements, however in certain circumstances we may need to collect extra information from you and anyone who is acting on your behalf for the purposes of the AML/CFT Act.

The Parliament of New Zealand enacted the AML/CFT Act 2009 for the purposes:

a) to detect and deter money laundering and the financing of terrorism; and

b) to maintain and enhance New Zealand's international reputation; and

c) To contribute to public confidence in the financial system.

The AML/CFT Act applies to banks and most financial institutions, and it is essential that we comply. Sometimes this may mean that we won't be able to complete your investment instructions or meet your needs until all of the necessary information is obtained. We are committed to protecting the privacy of your information and we will continue to ensure all identity and other personal information you provide will be used and managed in accordance with the Privacy Act 2020.

If you have any questions or concerns in respect of the new requirements under the AML/CFT Act please feel free to contact us.

Lump Sum

If you are an existing client, please supply your account name and Unit Holder number as a reference when crediting funds.

To invest, complete, sign and return the application form attached to this Product Disclosure Statement. You can pay by:

- **Direct credit (from a New Zealand registered bank only)** to the following account:
  02-0192-0455631-00 in the name of 'NZGT O/A DEVON FUNDS MANAGEMENT LIMITED'.
  We will not be held liable for insufficiently referenced payments.
  Cash will not be accepted.

Regular Contributions

Please complete the application form and direct debit form. The initial contribution should be entered as the Lump Sum, with subsequent contributions entered as regular contributions. The NZ$10,000 minimum applies for the initial contribution and NZ$100 minimum per quarter for subsequent regular payments. We retain the right to alter these minimums at any time.

Please email your completed application forms to enquiries@devonfunds.co.nz or post the same to:

Devon Funds Management Limited
PO Box 105609,
Auckland City 1143,
New Zealand

Identification

We are required to verify your identity and your address by law.

If you are over 18 years, we will need certified photocopies of acceptable forms of identification to *verify your identity* which will include:

- Current New Zealand passport; OR
- Current international passport; OR
- New Zealand firearms licence; OR
- New Zealand driver's licence or international driver's permit PLUS one of the following:
  - New Zealand birth certificate; OR
  - Overseas birth certificate; OR
  - New Zealand certificate of citizenship; OR
  - Certificate of citizenship issued by a foreign Government; OR
  - Current credit card, debit card, or eftpos card signed by you and issued by a registered New Zealand bank and a bank statement issued by a registered New Zealand bank dated within the previous 12 months (New Zealand driver's licence only).

Investor	Complete
Individual	Form 1
Trusts	Form 1 and Form 2
Companies, Sole Traders, Partnerships, Limited Partnerships and Co-Operatives	Form 1 and Form 3

Address verification

To verify your address, certified photocopies of acceptable documents which set out your name and current address and are dated within the previous six months include:

- Power or home phone bill; OR
- Rates bill; OR
- Bank account statements; OR
- IRD statements; OR
- Car registration documents.

Identification of a minor

If you are under 18 years of age, we will require identity verification for both you and your parent(s)/guardian(s).

If you are aged 15 or under, both parents/all legal guardians will be required to sign the Application Form on your behalf and provide proof of their identity. You will also be required to provide proof of your identity. This means you will need to provide a certified photocopy of documents that contain the following information:

- Your identity and address. This document must set out the minor's name and current address and be dated within the previous six months (for example a bank statement); AND
- Both of your parents/all of your guardians identity and address. These documents must set out your parents/guardians names and current address(es) and be dated within the previous six months and could include:
  - Bank statement; OR
  - Power or home phone bill; OR
  - Rates bill; OR
  - IRD statement; OR
  - Car registration documents.
- PLUS proof of guardianship which can include:
  - Your birth certificate; OR
  - Guardianship order; OR
  - Deceased parents death certificate and a will appointing these people as your guardian; OR
  - If all of the above is not possible, a statutory declaration confirming that these people are your guardians.

If you are aged 16 or 17 years, your will be required to sign the Application Form and provide proof of your identity and address. One parent/guardian will also be required to sign the Application Form and provide proof of identity and address.

If you are aged 16 or 17 years and you are married, in a de facto relationship or a civil union, then you will be required to sign the Application Form. We do not need your parent/guardian to provide identification or to sign the Application Form, but we will need you to provide a copy of your marriage or civil union licence (or proof of the de facto relationship).

Certification of documents

We will accept photocopied documents certified by someone who is over 16 years of ages and is one of the following:

- Commonwealth representative (as defined in the Oaths and Declarations Act 1957); OR
- An employee of the Police who holds the office of constable (as defined in section 4 of the Policing Act 2008); OR
- Justice of the peace; OR
- Registered medical doctor; OR
- Kaumātua; OR
- Registered teacher; OR
- Minister of religion; OR
- Lawyer (as defined in the Lawyers and Conveyancers Act 2006); OR
- Notary public; OR
- New Zealand Honorary consul; OR
- Member of Parliament; OR
- Chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996).

The person certifying your document must not be:

- related to you; for example, your parent, child, brother, sister, aunt, uncle or cousin; OR
- your spouse or partner; OR
- a person who lives at the same address as you.

If sufficient identification and address verification is not provided your application will be rejected and your payment returned. Payments returned to investors will not be eligible to accrue any interest.

Distribution instructions

Please mark the distribution method. If no choice is made, distributions will be automatically re-invested.

Your bank account and branch number may be found on your bank statement.

Application Form checklist.

Have you:

- [ ] Completed all of your contact details.
- [ ] Provided your nominated bank account details.
- [ ] Signed and dated the signature declaration section.
- [ ] If paying by direct credit, please send funds electronically to:
  NZGT O/A Devon Funds Management Limited
  Account number: 02-0192-0455631-00
- [ ] Completed your Prescribed Investor Rate.
- [ ] Provided your proof of identification together with other documentation as outlined below.

Documentation checklist

Please use this checklist to ensure you provide the correct documentation with your application form. Refer to 'How to complete the application form' on page 17 for acceptable forms of identification.

Individual or Joint Account

- [ ] Original or original certified bank encoded deposit slip, bank statement or confirmation from your bank verifying the account name and number.
- [ ] Certified forms of identification and address verification for each applicant.
- [ ] Original certified Power of Attorney and Certificate of Non-revocation (applicable if your Authorised Representative has been granted authority by virtue of a Power of Attorney).
- [ ] Copy of resident withholding tax exemption certificate (if applicable).
- [ ] Completed Form 1.

Company Account

- [ ] Original or original certified bank encoded deposit slip, bank statement or confirmation from your bank verifying the account name and number.
- [ ] Certified forms of identification and address verification for each Company Director/Authorised Representative.
- [ ] Copy of authority to act.
- [ ] Copy of the Certificate of Incorporation.
- [ ] Copy of resident withholding tax exemption certificate (if applicable).
- [ ] Completed Form 1 and Form 3.

Partnership Account

- [ ] Original or original certified bank encoded deposit slip, bank statement or confirmation from your bank verifying the account name and number.
- [ ] Certified forms of identification and address verification for Partner.
- [ ] Original certified copy of Partnership Deed.
- [ ] Copy of resident withholding tax exemption certificate (if applicable).
- [ ] Completed Form 1 and Form 3.

Trust Account

- [ ] Original or original certified bank encoded deposit slip, bank statement or confirmation from your bank verifying the account name and number.
- [ ] Certified forms of identification and address verification for each Trustee.
- [ ] Copy of resident withholding tax exemption certificate (if applicable).
- [ ] Certified copy of Trust Deed and all amendments.
- [ ] Completed Form 1 and Form 2.

Estate Account

- [ ] Original or original certified bank encoded deposit slip, bank statement or confirmation from your bank verifying the account name and number.
- [ ] Certified forms of identification and address verification for each executor.
- [ ] Original certified copy of Probate.
- [ ] Copy of resident withholding tax exemption certificate (if applicable).
- [ ] Completed Form 1.

Devon Investment Funds
Application All Applicants Form 1

Need assistance? Free call 0800 944 049

This is an application to invest in: *(please tick appropriate boxes)*

	Single lump sum investment (minimum $10,000)	Regular investment amount	Regular investment Start date
☐ Devon Alpha Fund	$	$	20 MM YYYY
☐ Devon Australian Fund	$	$	20 MM YYYY
☐ Devon Dividend Yield Fund	$	$	20 MM YYYY
☐ Devon Global Impact Bond Fund	$	$	20 MM YYYY
☐ Devon Global Sustainability Fund	$	$	20 MM YYYY
☐ Devon Sustainability Fund	$	$	20 MM YYYY
☐ Devon Trans-Tasman Fund	$	$	20 MM YYYY

Existing Devon Customer ☐ No ☐ Yes *(Please provide your investor number)*

What is the nature and purpose of the investment, for example, income generation, capital gain or retirement savings?

1. Investor details

COMPANY NAME *(Please complete Form 3)*
(Please list names of Directors in Form 3)
PIR Rate *(tick one)* ☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28%

Company IRD number

TRUST NAME *(Please complete Form 2)*
(Please list names of Trustees in Form 2)
PIR Rate *(tick one)* ☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28%

Trust IRD number

Does the entity have any controlling persons? ☐ No ☐ Yes *(If yes, details of the controlling person must be provided in Form 2 and/or 3)*

Companies, Sole Traders, Partnerships, Limited Partnerships, Co-Operatives and Trusts please go to Form 1 section 2.

INDIVIDUAL 1 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate *(Please tick one)* ☐ 10.5% ☐ 17.5% ☐ 28%

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? ☐ No ☐ Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

Source of Funds/Wealth. Please tell us the original source of the funds/wealth you are investing with us.

☐ Property sale ☐ Gift/Inheritance ☐ Business activity ☐ Accumulated savings ☐ Personal income ☐ Other (describe below)

Please provide details include dates and amounts. For example, sale of family home at *address* for *amount* on date.

Note we may need proof or additional information to support your application.

1. Investor details (continued)

INDIVIDUAL 2 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate *(Please tick one)* ☐ 10.5% ☐ 17.5% ☐ 28%

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? ☐ No ☐ Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

Source of Funds/Wealth. Please tell us the original source of the funds/wealth you are investing with us.

☐ Property sale ☐ Gift/Inheritance ☐ Business activity ☐ Accumulated savings ☐ Personal income ☐ Other (describe below)

Please provide details include dates and amounts. For example, sale of family home at *address* for *amount* on date.

Note we may need proof or additional information to support your application.

INDIVIDUAL 3 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate *(Please tick one)* ☐ 10.5% ☐ 17.5% ☐ 28%

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? ☐ No ☐ Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

Source of Funds/Wealth. Please tell us the original source of the funds/wealth you are investing with us.

☐ Property sale ☐ Gift/Inheritance ☐ Business activity ☐ Accumulated savings ☐ Personal income ☐ Other (describe below)

Please provide details include dates and amounts. For example, sale of family home at *address* for *amount* on date.

Note we may need proof or additional information to support your application.

2. Postal address

☐ Please tick this box if your address for service is through your advisor.

Name

Postal address

Postcode

Home phone ( ) Work phone ( ) Mobile phone

Email address

NB: By signing this application you agree to receive all communication from Devon Funds via email

☐ Please tick if you would like to receive communications via the post instead of email

3. Advisor details

Name

Company

Postal address

Postcode

Work phone ( ) Mobile phone

Email address

4. Nominated Bank Account

This bank account will be used for distributions and/or withdrawals.

Name of bank

Bank branch

Account name with bank

Account number - - -

NB: Funds can only be paid to a New Zealand bank account

DISTRIBUTION INSTRUCTIONS

☐ Reinvest distributions in additional units **OR** ☐ Direct credit to nominated account

5. Authorised Person / Investment on behalf of a minor

Physical Address

Title First names

Surname

Date of birth DD/MM/YYYY

Relationship to Applicant Country of Residence

IRD number PIR Rate *(Please tick one)* ☐ 10.5% ☐ 17.5% ☐ 28%

Company name *(if applicable)* Company number *(if applicable)*

Home phone ( ) Work phone ( ) Mobile phone

Email address Evidence of Identity provided ☐ *(Please refer to page 17 for our requirements)*

Signature of authorised person SIGN HERE Date signed DD/MM/YYYY

The Privacy Act

This statement relates to the personal information that you are providing to the Manager by way of the application and any subsequent personal information which you may provide in the future. The personal information you have supplied may be used by the Manager and the Supervisor (and related entities thereof) for the purposes of enabling the Manager to arrange and manage your investment, and to contact you in relation to your investment. 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 about you by the Manager. If any of the information is incorrect, you have the right to have it corrected. You acknowledge that you are authorised to provide personal information on behalf of the applicant and evidence of this authority is provided (in the case of a parent/guardian/other providing information about the applicant). You agree that your/each of your names and addresses may be used by Devon Funds Management Limited to provide you with newsletters and other information about the Fund(s) and other products and services.

6. Declarations

I/We have read and retained a copy of the attached Product Disclosure Statement and agree to be bound by the terms and conditions of the Trust Deed. I/We agree to the terms outlined above in relation to the Privacy Act and the supply of personal information. I/We understand that the Fund(s) is a vehicle for long term investment and as the Fund(s) invests in shares, the value of my/our investment is liable to fluctuations and may rise and fall from time to time. I/We understand the manner in which the fees will be deducted from my/our investment. This Product Disclosure Statement and the offer of securities has been made to me/us in New Zealand.

I/We declare that the information provided on these documents is true and accurate. I/We understand and authorise Devon Funds Management Limited to disclose personal information of the signatories below for the purposes of FATCA compliance including complying with requests from regulatory authorities or as otherwise required by law. I /We understand and acknowledge that Devon may be required to obtain further information from me for the purposes of disclosure for FATCA compliance. This does not affect your statutory rights as per the privacy statement contained within application form 1 in the Devon Investment Funds Product Disclosure Statement.

If I/We are signing as a trustee, we warrant that, at the time of signing, I/We are authorised under the relevant Trust Deed to provide the requested information. I/We will provide Devon Funds Management Ltd with further information if there is a change in circumstances which renders the above certification incorrect or unreliable.

I/We declare that the information provided on this/these documents is true and accurate. I/We understand and authorise Devon Funds Management Limited to disclose personal information of the signatories below for the purposes of CRS compliance including complying with requests from regulatory authorities or as otherwise required by law. I /We understand and acknowledge that Devon may be required to obtain further information from me for the purposes of disclosure for CRS compliance. This does not affect your statutory rights as per the privacy statement above. If I/We are signing as a trustee, we warrant that, at the time of signing, I/We are authorised under the relevant Trust Deed to provide the requested information. I/We will provide Devon Funds Management Ltd with further information if there is a change in circumstances which renders the above certification incorrect or unreliable.

I/We consent to Devon providing any information relating to the entity/individual's CRS status or CRS matters to the New Zealand Inland Revenue Department.

For the purpose of verifying my identity, I consent to the personal information that I have provided being used by Devon and Apex Group Limited (the Administration Manager) with (and, where necessary, disclosed to) the following sources for:

New Zealand ID verification – (1) the NZTA for the purpose of checking the Driver Licence and MOTO databases; (2) the Department of Internal Affairs for the purpose of checking the Passport, Birth Certificate and Citizen Certificate databases; (3) Land Information New Zealand; (4) the Companies Office; (5) Centrix Group Limited and APLY Limited (and I authorise Centrix and APLY to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided); and (6) the White Pages.

Australian ID verification – (1) the Document Verification System (DVS) for the purpose of checking the Driver Licence, Passport, Medicare Card, Birth Certificate, Certificate of Registration by Descent, Citizenship Certificate, ImmiCard, Marriage Certificate and Visa databases; and (2) Centrix Group Limited and APLY Limited (and I authorise Centrix and APLY to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided).

Signature of applicant, trustee or director	SIGN HERE	Date signed	DD/MM/YYYY
Signature of applicant, trustee or director	SIGN HERE	Date signed	DD/MM/YYYY
Signature of applicant, trustee or director	SIGN HERE	Date signed	DD/MM/YYYY
Signature of applicant, trustee or director	SIGN HERE	Date signed	DD/MM/YYYY
Signature of applicant, trustee or director	SIGN HERE	Date signed	DD/MM/YYYY
Signature of applicant, trustee or director	SIGN HERE	Date signed	DD/MM/YYYY

Please email your completed application forms to enquiries@devonfunds.co.nz or post the same to:
Devon Funds Management Limited, PO Box 105609, Auckland City 1143, New Zealand

Trusts, please complete Form 2 accompanying this application.

Companies, Sole Traders, Partnerships, Limited Partnerships and Co-Operatives, please complete Form 3 accompanying this application.

Trust details

Full name of Trust

Address of Trust

Postcode

Country where Trust was established

Type of Trust (eg. family, unit, charitable, estate)

Date of establishment DD/MM/YYYY

Is the Trust a registered US entity? ☐ No ☐ Yes

Please list all countries the entity is a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where the entity is tax resident does not issue a TIN to its residents.
Reason B: The entity has not been issued a TIN by country of tax residence (please include an explanation as to why a TIN was not issued to the entity in the table below).
Reason C: The domestic law of the country where the entity is a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

ENTITY CLASSIFICATION
For more inofrmation, please refer to the OECD website, the IRD or consult your tax advisor.

Is the entity a Financial Institution? ☐ No, the entity is not a financial Institution ☐ Yes, the entity is a Financial Institution

Please select which type of Financial Institution from the options below:

☐ The entity is a Depository Institution ☐ The entity is a Custodial Institution
☐ The entity is a Specified Insurance Company ☐ The entity is an Investment Entity

Is the Investment Entity managed by anaother Financial Institution? ☐ Yes ☐ No

If the Financial Institution has a Global Intermediary Identification Number (GIIN) please provide it below:

If a GIIN is not available please indicate the reason:

☐ The entity is a Deemed Compliant Financial Institution ☐ The entity is an Exempt Beneficial Owner ☐ Other (please provide more detail):

Is the entity's primary business activity selling goods or services or is it a non-profit entity? Select 'Yes' if either:

- The entity earns or intends to earn 50% or more of its total income from trading activities; **and** 50% or more of the entity's assets produce or are held for producing trading income; **OR**
- The entity is a non-profit entity and exempt from income tax in its country/jurisdiction of residence.

☐ Yes ☐ No

Work phone ( ) Mobile phone

Email address Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Source of Funds/Wealth. Please tell us the original source of the funds/wealth you are investing with us. You will need to provide documents to support this, such as sales and purchase agreement, wills/probates, documents relating to gifting, business financials, payslips etc.

☐ Property sale ☐ Gift/Inheritance ☐ Business activity ☐ Accumulated savings ☐ Personal income ☐ Other (describe below)

Please provide details include dates and amounts. For example, sale of family home at *address* for *amount* on date.

Note we may need proof or additional information to support your application.

Trustees and beneficial ownership continued

INDIVIDUAL 1 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate (Please tick one) ☐ 10.5% ☐ 17.5% ☐ 28% | (Please tick one) Independent Trustee ☐ Effective control ☐ Beneficial owner ☐

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? ☐ No ☐ Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

INDIVIDUAL 2 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate (Please tick one) ☐ 10.5% ☐ 17.5% ☐ 28% | (Please tick one) Independent Trustee ☐ Effective control ☐ Beneficial owner ☐

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? ☐ No ☐ Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

INDIVIDUAL 3 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate (Please tick one) ☐ 10.5% ☐ 17.5% ☐ 28% | (Please tick one) Independent Trustee ☐ Effective control ☐ Beneficial owner ☐

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? ☐ No ☐ Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

Trustees and beneficial ownership continued

INDIVIDUAL 4 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate (Please tick one) ☐ 10.5% ☐ 17.5% ☐ 28% (Please tick one) Independent Trustee ☐ Effective control ☐ Beneficial owner ☐

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? ☐ No ☐ Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

INDIVIDUAL 5 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate (Please tick one) ☐ 10.5% ☐ 17.5% ☐ 28% (Please tick one) Independent Trustee ☐ Effective control ☐ Beneficial owner ☐

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? ☐ No ☐ Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

INDIVIDUAL 6 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate (Please tick one) ☐ 10.5% ☐ 17.5% ☐ 28% (Please tick one) Independent Trustee ☐ Effective control ☐ Beneficial owner ☐

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? ☐ No ☐ Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

Continued on following page.

Trust Certificate Form 2

Declaration

I/We, the Trustees of the above named Trust, properly constituted by a Trust Deed, do hereby solemnly acknowledge and certify that: **1. Current Trustees** Each of the above named Trustees is a current and validly appointed Trustee of the Trust and there are no other trustee(s) of the Trust. **2. Power to Transact** The Trustees have the power to apply to invest in the Fund/s and to enter into any related documentation. **3. Trustee Resolutions** All trustee resolutions and approvals required by law and necessary pursuant to the above mentioned Trust Deed have been passed or given to enable the Trustees to invest in the Fund/s on behalf of the Trust. **4. Trustee Compliance** The Trustee(s) in approving any transactions have acted in compliance with the duties imposed on the Trustee(s) at law. **5. Alteration to Trustees, Trustee Power and Trust Deed** Where there is any alteration to the Trustee(s) named above or any change to the Trust Deed or any trustee power the Trustee(s) will notify Devon in writing immediately and forward a new Trustee Certificate with required identification documentation. **6. Validity of Transactions** The investment instructions provided by the Trustees are binding on the Trustees, and the terms and conditions of investing in the Fund/s any related documentation reenforceable against the Trustees. **7. Execution of Documents** The Application Form, Trust Certificate and Direct Debit Authority (if applicable) have been properly signed by the Trustees. **8. No Invalidity** There are no circumstances, which would invalidate any of the transactions or the Application Form, Trust Certificate and Direct Debit form.

Signature of 1st trustee	SIGN HERE	Date signed DD/MM/YYYY	Signature of 2nd trustee	SIGN HERE	Date signed DD/MM/YYYY
Signature of 3rd trustee	SIGN HERE	Date signed DD/MM/YYYY	Signature of 4th trustee	SIGN HERE	Date signed DD/MM/YYYY
Signature of 5th trustee	SIGN HERE	Date signed DD/MM/YYYY	Signature of 6th trustee	SIGN HERE	Date signed DD/MM/YYYY

Please email your completed application forms to enquiries@devonfunds.co.nz or post the same to:
Devon Funds Management Limited, PO Box 105609, Auckland City 1143, New Zealand

Devon Funds

Companies, Sole Traders, Partnerships, Limited Partnerships and Co-operatives Form 3

Need assistance?
Free call 0800 944 049

Details

1. Name of entity

2. Trading name *(if different)*

3. Company number *(if applicable)*

4. Is the company:

- ☐ A company that is listed on an exchange registered under Subpart 6 of Part 5 of the *Financial Markets Conduct Act 2013*
- ☐ A government department named in Schedule 1 of the *State Sector Act 1988**
- ☐ A local authority as defined in Section 5 of the local *Government Act 2002**
- ☐ The New Zealand Police* ☐ The New Zealand Security Intelligence Service* ☐ No

If you ticked YES to any of the above please go to question 12. ** Supporting documentation required.*
If you ticked NO, please go to question 5.

5. Principle business address

Postal address

Postcode

Registered office *(if different)*

Postcode

6. Phone ( )

7. Email

7. Date of establishment DD/MM/YYYY

9. Jurisdiction of establishment

8. Entities business and industry of operation (please be as specific as possible)

9. **Source of Funds/Wealth.** Please tell us the original source of the funds/wealth you are investing with us.

☐ Property sale ☐ Gift/Inheritance ☐ Business activity ☐ Accumulated savings ☐ Personal income ☐ Other (describe below)

Please provide details include dates and amounts. For example, sale of family home at *address* for *amount* on date.

Note we may need proof or additional information to support your application.

10. **Please list all countries the entity is a tax resident.** For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

Reason A: The country where the entity is tax resident does not issue a TIN to its residents.
Reason B: The entity has not been issued a TIN by country of tax residence (please include an explanation as to why a TIN was not issued to the entity in the table below).
Reason C: The domestic law of the country where the entity is a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

Continued on following page.

Details continued

ENTITY CLASSIFICATION

For more information, please refer to the OECD website, the IRD or consult your tax advisor.

Is the entity a Financial Institution? ☐ No, the entity is not a financial Institution ☐ Yes, the entity is a Financial Institution

Please select which type of Financial Institution from the options below:

☐ The entity is a Depository Institution ☐ The entity is a Custodial Institution

☐ The entity is a Specified Insurance Company ☐ The entity is an Investment Entity

Is the Investment Entity managed by another Financial Institution? ☐ Yes ☐ No

If the Financial Institution has a Global Intermediary Identification Number (GIIN) please provide it below:

If a GIIN is not available please indicate the reason:

☐ The entity is a Deemed Compliant Financial Institution ☐ The entity is an Exempt Beneficial Owner ☐ Other (please provide more detail):

Is the entity's primary business activity selling goods or services or is it a non-profit entity? Select 'Yes' if either:

- The entity earns or intends to earn 50% or more of its total income from trading activities; **and** 50% or more of the entity's assets produce or are held for producing trading income; **OR**
- The entity is a non-profit entity and exempt from income tax in its country/jurisdiction of residence.

☐ Yes ☐ No

11. **Beneficial ownership.** Please include any person with a direct or indirect ownership of greater than 25% AND/OR any effective controller including Directors, Partnerships, etc. within the Individual sections below.

INDIVIDUAL 1 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate *(Please tick one)* ☐ 10.5% ☐ 17.5% ☐ 28% | *(Please tick one)* Director ☐ Effective control ☐ Beneficial owner ☐

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? ☐ No ☐ Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided ☐ *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.

Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

INDIVIDUAL 2 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate (Please tick one) 10.5% 17.5% 28% | (Please tick one) Director | Effective control | Beneficial owner

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? No Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

INDIVIDUAL 3 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate (Please tick one) 10.5% 17.5% 28% | (Please tick one) Director | Effective control | Beneficial owner

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? No Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

INDIVIDUAL 4 Title | First names | Residential Address

Surname

Please include any aliases / maiden names

Date of birth DD/MM/YYYY | Place of Birth: | Country of Residence

Occupation | PIR Rate (Please tick one) 10.5% 17.5% 28% | (Please tick one) Director | Effective control | Beneficial owner

Home phone ( ) | Work phone ( ) | Mobile phone

IRD number | Are you a US Citizen or Tax Resident? No Yes | If yes, please provide your Social Security Number (SSN):

Email address | Evidence of identity and address provided *(Please refer to page 17 for our requirements)*

Please list all countries where you are a tax resident. For each country, except New Zealand, you will need to provide a Tax ID Number (TIN) or equivalent in the table below. If a TIN is not available for that country, use the appropriate reason A, B or C.
Reason A: The country where I am a tax resident does not issue a TIN to its residents. **Reason B:** I have not been issued a TIN by my country of tax residence (please include an explanation as to why a TIN was not issued to you in the table below). **Reason C:** The domestic law of the country where I am a tax resident does not require the collection of a TIN.

Country of Tax Residency	Tax ID Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B please provide an explanation

Companies, Sole Traders, Partnerships, Limited Partnerships and Co-operatives Form 3

Declaration

I/We, of the above entity, do hereby solemnly acknowledge and certify that: **1. Authority** I/We are authorised to apply to invest on behalf of the entity. **2. Current Representatives** The Persons named above are all of the current authorised representatives of the entity. **3. Authority to invest in the Fund/s** The above mentioned have the authority to invest in the Fund/s on behalf of the entity and their instructions are binding on the entity. **4. Alteration to representatives** Where there is any alteration to the representatives named above or any change to the entity, the representatives warrant that they will notify Devon in writing immediately with required identification.

Signature of 1st Partner/Director/ Authorised person	SIGN HERE	Date signed DD/MM/YYYY	Signature of 2nd Partner/Director/ Authorised person	SIGN HERE	Date signed DD/MM/YYYY
Signature of 3rd Partner/Director/ Authorised person	SIGN HERE	Date signed DD/MM/YYYY	Signature of 4th Partner/Director/ Authorised person	SIGN HERE	Date signed DD/MM/YYYY
Signature of 5th Partner/Director/ Authorised person	SIGN HERE	Date signed DD/MM/YYYY	Signature of 6th Partner/Director/ Authorised person	SIGN HERE	Date signed DD/MM/YYYY

Please email your completed application forms to enquiries@devonfunds.co.nz or post the same to:
Devon Funds Management Limited, PO Box 105609, Auckland City 1143, New Zealand

Devon Funds Management Limited
Direct Debit Authority

Client Instructions

I/We acknowledge that we have a copy of the Product Disclosure Statement and agree to be bound by the terms and conditions of the Trust Deed.

Name of account to be debited

Unit holder number *(if an existing client)*

Frequency ☐ Monthly ☐ Quarterly

Devon Alpha Fund	NZ$		Start Date	20 MM YYYY
Devon Australian Fund	NZ$		Start Date	20 MM YYYY
Devon Dividend Yield Fund	NZ$		Start Date	20 MM YYYY
Devon Global Impact Bond Fund	NZ$		Start Date	20 MM YYYY
Devon Global Sustainability Fund	NZ$		Start Date	20 MM YYYY
Devon Sustainability Fund	NZ$		Start Date	20 MM YYYY
Devon Trans-Tasman Fund	NZ$		Start Date	20 MM YYYY

Name of account to be debited

Account details

Bank | Branch Number | Account Number | Suffix

Bank

Branch

Address

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or an agreement)

AUTHORISATION CODE
0207638

Information to appear on my / our bank statement

Payer particulars D E V O N F U N D S

Payer code

Payer reference

Account holder

I/We authorise you, until further notice in writing, to debit my/our account with you with all amounts The New Zealand Guardian Trust Company Limited O/A Devon Funds Management Ltd (hereinafter referred to as the initiator) may initiate by direct debit.

I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on this form.

Name of account holder(s)

Signature SIGN HERE Date signed DD/MM/YYYY

Signature SIGN HERE Date signed DD/MM/YYYY

Office use only

Approved

0763

04 | 18

For Bank Use Only

Date received:	Recorded by:	Checked by:

Bank stamp

Original – Retain at Branch
Copy – Forward to Initiator if requested

Conditions of this authority to accept Direct Debits

1. The Initiator:

1.1 Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (by electronic means including SMS) to communicate electronically).

Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing the amount and each payment date.

In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advance notice of at least 30 days before the changes comes into effect. This notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically).

1.2 May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The customer may:

2.1 At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by means agreed by the customer, Bank and Initiator .

2.2 Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

2.3 Where a variation to the amount agreed between the Initiator and the customer from time to time to be Direct Debited has been made without notice being given in terms of clause 1.1 above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The customer acknowledges that:

3.1 This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.

3.2 In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account

3.3 Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.

3.4 Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:-

(a) the accuracy of information about Direct Debits on Bank statements; and

(b) any variations between notices given by the Initiator and the amounts of Direct Debits.

3.5 The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator

3.6 Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The bank may:

4.1 In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, or payment instruction properly authorised by me/us and given to the Bank.

4.2 At any time terminate this authority as to future payments by notice in writing to me/us.

4.3 Charge its current fees for this service in force from time to time.