

AML source of funds/wealth form

Lifetime Master Trust

Use this form if you are making a lump sum contribution to your member's account and, for Anti-Money Laundering/ Countering Financing of Terrorism purposes, we require you to provide information about the source of your funds and/ or wealth before we can accept your contribution.

Note: The contribution will not be allocated to your account until any required AML documentation has been received. There will be no interest on the contribution.

If we have not previously verified your identity, we will also require you to complete an AML identity verification form. You can find this form on our website lifetimeincome.co.nz/master-trust.

If you have any questions please call **0800 266 268**.

Section A: Personal details

Name of employer

IRD number --

Member number

Date of birth / /

Title: Mr Mrs Miss Ms Other

Given name(s) Surname

Postal address Postcode

Direct phone Mobile

Email

Section B: Lump sum contribution

I have used internet banking to make a contribution of \$ to Lifetime Master Trust.
Please contact us for bank account details.

Please invest this voluntary contribution:

- as per my current investment election.
- as per the Member election to switch investments form (LMT6) attached.

Section C: AML requirements

We need to obtain information and documentation about the source of your funds and/or wealth.

Occupation (If you do not work, please state your position e.g. retired, student)

Please indicate below which income bracket applies to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$30,000 | <input type="checkbox"/> \$30,000 – \$40,000 | <input type="checkbox"/> \$40,000 – \$50,000 |
| <input type="checkbox"/> \$50,000 – \$60,000 | <input type="checkbox"/> \$60,000 – \$70,000 | <input type="checkbox"/> \$70,000 – \$80,000 |
| <input type="checkbox"/> \$80,000 – \$90,000 | <input type="checkbox"/> \$90,000 or more | |

Please indicate below how you acquired the money you are investing:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Gift | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Salary/bonus |
| <input type="checkbox"/> Sale of investments/shares | <input type="checkbox"/> Sale of property | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Transfer from a superannuation scheme | | <input type="checkbox"/> Other |

If other, please provide details

Source of funds/wealth documentation:

You are required to provide documentation about the source of your funds/wealth. Please provide:

- Copies of bank statements showing the funds being paid into your bank account and funds being paid out of the bank account to the Scheme.

AND

- Evidence of the source of funds/wealth. The types of documentation you will need to provide will depend on the source of funds. Some examples include:
 - From the sale of property, a copy of the Sale and Purchase Agreement (Settlement Advice is also acceptable).
 - From savings e.g. a term deposit, maturity advice plus evidence of where the original funds came from.
 - From an inheritance, a letter from the Executor/Administrator advising the amount paid.
 - From salary/bonus, copies of payslips.
 - Transfer from a superannuation scheme, a letter from the provider confirming the amount paid and the date.

For assistance on acceptable source of funds/wealth documentation please call us on **0800 266 268**.

Section D: Privacy

The personal information you are providing in this form, (or in connection with this form) is being collected for the main purpose of effectively administering and managing your Lifetime Master Trust account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your contribution. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you (including from our parent company Lifetime Asset Management Limited). The information may be used by, and disclosed to the Manager and Trustee (Lifetime Trustee Limited), the Administration Manager, or other entity involved in the administration and management of the Lifetime Master Trust (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

You agree that this information may be collected, held and disclosed for these purposes. The information is being collected by the Manager (Lifetime Trustee Limited), whose address is **Lifetime Master Trust, PO Box 91976, Victoria Street West, Auckland 1142**, and will be held by Link Market Services Limited who you can contact at **PO Box 91976, Victoria Street West, Auckland 1142**.

You can request access to your personal information and can ask that it is updated by calling **0800 266 268**.

Section E: Acknowledgement

I understand that this voluntary contribution to my member's account will be:

- invested in the fund(s) I have selected; and
- the contributions will be implemented as soon as practicable after receiving this completed form (together with any AML source of funds documentation required) and the funds being cleared by my bank.

I have read and understood the privacy statement in Section D.

Signature

Date

/ /

Checklist

I have:

- Completed sections A, B, C and E of this form.
- Provided AML source of funds documentation.
- Completed an AML identity verification form (if required).

Please return the completed form and documentation by email to **lifetime@linkmarketservices.com** or post to:

Lifetime Master Trust, PO Box 91976, Victoria Street West, Auckland 1142

If you have any questions about completing this form, call **0800 266 268** or email **lifetime@linkmarketservices.com**.