

THE CURVE FUND

# Application Forms

The Curve Investments Limited

*Learn, Invest and build your wealth*

#### BACKGROUND

The Curve Investments Limited is a Registered Financial Service Provider (FSP# 1007386), licensed under the Financial Markets Conduct Act 2013 as a Manager of Registered Schemes, and a reporting entity under the AML/CFT Act 2009. We collect and verify investor information at the time of acquiring unit(s) and thereafter at various intervals.

#### SUBMISSION & CONTACT

Call (+64) 027 335 9547 · hello@TheCurveInvestments.co.nz · Post to: The Curve Investments Limited, C/- Apex Group Limited, P.O. Box 106039, Auckland 1143

## Forms Required

APPLICANT TYPE	FORMS REQUIRED
All Applicants	Form 1 (Investment Details) · Checklist · Direct Debit Authority (if Regular Contributions selected)
Individuals	Form 2 (Individuals / Joint) · Form 5 (Natural Person) for each natural person in Form 2
Company	Form 3 (Company) · Form 5 (Natural Person) for each natural person in Form 3
Trust	Form 4 (Trust) · Form 5 (Natural Person) for each natural person in Form 4

# Investment Details

All applicants must complete Form 1. Covers contribution type, distribution instructions and adviser details.

## 1 CONTRIBUTIONS

 **Single Lump Sum**

Minimum initial contribution NZ\$5,000.

 **Regular Contributions**

Min. NZ\$5,000 initial then NZ\$100/period. Complete Direct Debit Authority.

CONTRIBUTION (NZ\$)

INITIAL CONTRIBUTION (NZ\$)

SUBSEQUENT (NZ\$)

FREQUENCY

START DATE

### BANK TRANSFER PAYMENT INSTRUCTIONS

Account Name

Public Trust ATF The Curve Fund

Account Number

03-0104-0587862-000

Bank

Westpac — 79 Queen Street, Auckland

Particulars

Existing: account name & unit holder number. New: investing name.

Cash and personal cheques not accepted. Direct debit from NZ bank accounts only.

## 2 DISTRIBUTION INSTRUCTIONS

 **REINVEST  
DISTRIBUTIONS**
 **PAYOUT  
DISTRIBUTIONS**

NAME OF BANK ACCOUNT

ACCOUNT NUMBER

BANK & BRANCH

## 3 ADVISER DETAILS

FULL LEGAL NAME OF ADVISER

COMPANY NAME

ADVISER FSP NUMBER

PRINCIPAL BUSINESS ADDRESS (NO P.O. BOXES)

WORK PHONE

MOBILE PHONE

EMAIL

**MY ADDRESS FOR SERVICE IS THROUGH MY  
ADVISER**

# Individuals / Joint

Complete if investing in your own right or jointly with another individual. If under 18, provide your details in Person 1 and parent/guardian in Section 7.

## 1 INFORMATION ABOUT THE INDIVIDUAL(S)

FIELD	PERSON 1	PERSON 2
Full Legal Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
IRD Number	<input type="text"/>	<input type="text"/>
PIR Rate	<input type="radio"/> 10.5% <input type="radio"/> 17.5% <input type="radio"/> 28%	<input type="radio"/> 10.5% <input type="radio"/> 17.5% <input type="radio"/> 28%

## 2 RELATIONSHIP OF PERSON 1 AND PERSON 2

EXPLANATION OF RELATIONSHIP

## 3 NATURE AND PURPOSE FOR INVESTING

NEW INVESTOR
  EXISTING INVESTOR — HOLDER NO:

WHY YOU WOULD LIKE TO INVEST, AMOUNT, SOURCE OF FUNDS AND EXPECTED INVESTMENT DURATION

**4 VERIFICATION OF IDENTITY**

**Part A — Electronic Verification**

Current NZ Passport OR NZ Drivers Licence. If neither, complete Part B.

**Person 1**

NZ PASSPORT NUMBER

EXPIRY DATE

\_\_\_\_\_ or \_\_\_\_\_

NZ DRIVERS LICENCE NUMBER

VERSION NO.

EXPIRY DATE

**Person 2**

NZ PASSPORT NUMBER

EXPIRY DATE

\_\_\_\_\_ or \_\_\_\_\_

NZ DRIVERS LICENCE NUMBER

VERSION NO.

EXPIRY DATE

**Part B — Documentary Verification (certified per Certification Guide)**

Option 1 — select one:

CURRENT NZ PASSPORT

CURRENT NZ FIREARMS LICENCE

CURRENT OVERSEAS PASSPORT

\_\_\_\_\_ or \_\_\_\_\_

Option 2 — NZ Drivers Licence PLUS one of:

NZ/OVERSEAS BIRTH CERTIFICATE

NZ/OVERSEAS CITIZENSHIP CERTIFICATE

NZ BANK STATEMENT (LAST 12 MONTHS)

NZ BANK CARD

STATEMENT FROM GOVERNMENT AGENCY (LAST 12 MONTHS)

**5 PROOF OF ADDRESS**

Copy (NZ residents) or certified copy (non-NZ) dated within last 6 months showing name and residential address:

UTILITY BILL

RATES INVOICE

BANK STATEMENT

IRD STATEMENT

GOVERNMENT AGENCY DOCUMENT

**6 BENEFICIAL OWNERS**

Units acquired on behalf of another person?

YES  NO

REF	FULL NAME	ANY OTHER RELEVANT DETAILS
BO-WB1	_____	_____
BO-WB2	_____	_____
BO-WB3	_____	_____

**7 PERSONS ACTING ON BEHALF**

Identify persons authorised to act. Complete Form 5 for each. Provide evidence of authority.

REF	FULL NAME	AUTHORITY
PAB-1	_____	_____
PAB-2	_____	_____
PAB-3	_____	_____

DOCUMENT 1

DOCUMENT 2

DOCUMENT 3

DOCUMENT 4

DOCUMENT 5

DOCUMENT 6

**ACKNOWLEDGEMENTS — FORM 2**

- I confirm that I have read and understood the Product Disclosure Statement.
- I confirm that I have read, understood and agree to be bound by the terms of the Trust Deed for the Fund.
- I understand that the Fund is a long term investment vehicle and the value of my investment is liable to fluctuations.
- I confirm that I understand how fees will be deducted from my investment.
- I consent to the receipt of information and documents by electronic communication.
- I have read, understood and agree to the terms of your Privacy Policy.
- I acknowledge that you may need to disclose information about me to the Financial Markets Authority and appointed Statutory Supervisor.
- I give my consent to verify my identity by disclosing personal information to your nominated electronic verification provider(s) for AML/CFT Act compliance.
- I am not aware, and do not have any reason to suspect, that any monies used to acquire unit(s) are derived from money laundering, terrorism financing, or any other illegal activity.
- I agree to provide any further documents requested to comply with obligations under the AML/CFT Act.
- I acknowledge that you may be obliged to share information with relevant domestic and foreign tax authorities (including FATCA and CRS).
- I acknowledge that failure to advise or an incorrect PIR may result in incorrect tax deductions and that I will be liable for any resulting shortfall.
- I confirm that the information and documents provided are accurate and complete, and I will advise you of any changes.
- I confirm that I have the authority to complete and provide this Application Form.
- I understand that this Application Form cannot be withdrawn or reworked and that you reserve the right to reject any Application Form in whole or in part.

**PERSON 1 SIGNATURE**

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**NAME**

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**DATE**

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**PERSON 2 SIGNATURE**

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**NAME**

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**DATE**

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**PARENT/GUARDIAN SIGNATURE**

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**NAME**

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**DATE**

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# Company

Complete if you are a company investing in the Fund.

## 1 INFORMATION ABOUT THE COMPANY

FULL LEGAL NAME OF COMPANY

TRADING NAME (IF DIFFERENT)

COMPANY REGISTRATION NUMBER

PRINCIPAL BUSINESS / REGISTERED OFFICE ADDRESS (NO P.O. BOXES)

DATE OF INCORPORATION

IRD NUMBER

WORK NUMBER

EMAIL

PIR RATE

10.5%

17.5%

28%

INDUSTRY TYPE

THE COMPANY IS A VEHICLE FOR HOLDING PERSONAL ASSETS

THE COMPANY HAS NOMINEE SHAREHOLDERS OR SHARES IN BEARER FORM

SOURCE OF WEALTH / COMPANY STRUCTURE (IF APPLICABLE)

## 2 NATURE AND PURPOSE FOR INVESTING

NEW INVESTOR

EXISTING INVESTOR — HOLDER NO:

WHY THE COMPANY WOULD LIKE TO INVEST, UNITS EXPECTED, AND EXPECTED INVESTMENT DURATION

## 3 BENEFICIAL OWNERS

3A — OWNS MORE THAN 25% OF THE COMPANY

REF	FULL NAME
BO->25%1	<input type="text"/>
BO->25%2	<input type="text"/>
BO->25%3	<input type="text"/>
BO->25%4	<input type="text"/>
BO->25%5	<input type="text"/>
BO->25%6	<input type="text"/>

3B — EFFECTIVE CONTROL (DIRECTORS & SENIOR MANAGERS)

REF	FULL NAME	POSITION(S)	PREVIOUSLY REFERRED TO?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REF	FULL NAME	POSITION(S)	PREVIOUSLY REFERRED TO?
BO-EC1	_____	_____	_____
BO-EC2	_____	_____	_____
BO-EC3	_____	_____	_____
BO-EC4	_____	_____	_____
BO-EC5	_____	_____	_____
BO-EC6	_____	_____	_____

**3C — ON WHOSE BEHALF IS THE TRANSACTION BEING CONDUCTED?**

Units acquired on behalf of another person?  YES  NO

REF	FULL NAME	OTHER DETAILS / PREVIOUSLY REFERRED TO?
BO-WB1	_____	_____
BO-WB2	_____	_____
BO-WB3	_____	_____

**4 PERSONS ACTING ON BEHALF**

ENTITY NAME (IF APPLICABLE)

COMPANY / REGISTRATION NUMBER

PRINCIPAL BUSINESS ADDRESS

REF	FULL NAME	POSITION(S)	SOURCE OF AUTHORITY
PAB-1	_____	_____	_____
PAB-2	_____	_____	_____
PAB-3	_____	_____	_____
PAB-4	_____	_____	_____

**ACKNOWLEDGEMENTS — FORM 3 (COMPANY)**

- We confirm that we are authorised to complete this Application Form, invest in the Fund and to enter any related documentation on behalf of the company.
- We confirm that any instructions provided by us are binding on the company.
- We confirm that we have read and understood the Product Disclosure Statement.
- We confirm that we have read, understood and agree to be bound by the terms of the Trust Deed for the Fund.
- We understand that the Fund is a long term investment vehicle and the value of the investment is liable to fluctuations.
- We confirm that we understand how fees will be deducted from the investment.
- We consent to the receipt of information and documents by electronic communication.
- We acknowledge that we have read, understood and agree to the terms of your Privacy Policy.
- We are not aware, and do not have any reason to suspect, that any monies used to acquire unit(s) are derived from money laundering, terrorism financing, or any other illegal activity.
- We agree to provide any further documents requested to comply with obligations under the AML/CFT Act.
- We acknowledge that you may be obliged to share information with relevant domestic and foreign tax authorities (including FATCA and CRS).
- We acknowledge that failure to advise or an incorrect PIR may result in incorrect tax deductions and that we will be liable for any resulting shortfall.
- We confirm that all information and documents provided are accurate and complete, and that we will advise you of any changes.
- We understand that this Application Form cannot be withdrawn or reworked and that you reserve the right to reject any Application Form in whole or in part.
- The Application Form and Direct Debit Authority (if applicable) have been properly signed by us in our capacity as directors of the company.

**DIRECTOR 1 SIGNATURE**

**NAME**

**DATE**

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**DIRECTOR 2 SIGNATURE**

**NAME**

**DATE**

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## Trust

Complete if you are a trust investing in the Fund.

## 1 INFORMATION ABOUT THE TRUST

FULL LEGAL NAME OF TRUST

ADDRESS OF TRUST (TRUSTEE ADDRESS ACCEPTABLE, INCLUDE COUNTRY OF ESTABLISHMENT, NO P.O. BOXES)

REGISTRATION NUMBER (IF APPLICABLE)

IRD NUMBER

PIR RATE

 10.5% 17.5% 28%

TYPE OF TRUST

 FAMILY  CHARITABLE  OTHER: **Trust Documents:** Provide latest Trust Deed and any related documents (variations, trustee appointments/removals).**Proof of Address (last 6 months):** UTILITY BILL RATES INVOICE BANK STATEMENT GOVERNMENT AGENCY DOCUMENT

## 2 NATURE AND PURPOSE FOR INVESTING

 NEW INVESTOR  EXISTING INVESTOR — HOLDER NO: 

WHY THE TRUST WOULD LIKE TO INVEST, UNITS EXPECTED, AND EXPECTED INVESTMENT DURATION

## 3 BENEFICIAL OWNERS

## 3A — OWNS MORE THAN 25% OF THE TRUST

Trust type:  CHARITABLE  DISCRETIONARY  FIXED

OBJECT/PURPOSE (CHARITABLE) OR CLASS OF BENEFICIARIES (DISCRETIONARY)

REF FULL NAME (FIXED TRUST — UP TO 10 BENEFICIARIES)

BO->25%1 BO->25%2 BO->25%3 BO->25%4 BO->25%5 

## 3B — EFFECTIVE CONTROL (TRUSTEES, PROTECTORS, SETTLORS, APPOINTERS)

REF FULL NAME POSITION

BO-EC1   TRUSTEE  APPOINTER  PROTECTOR  SETTLORBO-EC2   TRUSTEE  APPOINTER  PROTECTOR  SETTLORBO-EC3   TRUSTEE  APPOINTER  PROTECTOR  SETTLOR

REF	FULL NAME	POSITION
BO-ECI4	_____	<input type="checkbox"/> TRUSTEE <input type="checkbox"/> APPOINTER <input type="checkbox"/> PROTECTOR <input type="checkbox"/> SETTLOR
BO-ECI5	_____	<input type="checkbox"/> TRUSTEE <input type="checkbox"/> APPOINTER <input type="checkbox"/> PROTECTOR <input type="checkbox"/> SETTLOR

**3C — ON WHOSE BEHALF IS THE TRANSACTION BEING CONDUCTED?**

Units acquired on behalf of another person?  YES  NO

REF	FULL NAME	ANY OTHER RELEVANT DETAILS
BO-WB1	_____	_____
BO-WB2	_____	_____
BO-WB3	_____	_____

**4 PERSONS ACTING ON BEHALF**

ENTITY NAME (IF APPLICABLE)

COMPANY / REGISTRATION NUMBER

PRINCIPAL BUSINESS ADDRESS

REF	FULL NAME	POSITION	SOURCE OF AUTHORITY
PAB-1	_____	_____	_____
PAB-2	_____	_____	_____
PAB-3	_____	_____	_____

**5 SOURCE OF WEALTH / SOURCE OF FUNDS**

SOURCE OF WEALTH AND/OR SOURCE OF FUNDS FOR THE TRUST. INCLUDE MAJOR SOURCE(S). ATTACH SUPPORTING EVIDENCE.

**ACKNOWLEDGEMENTS — FORM 4 (TRUST)**

- We confirm that we are each current and validly appointed trustees of the trust and that there are no other trustees of the trust.
- We confirm that there are no circumstances which would invalidate the Application Form or any related documentation.
- We confirm that all trustee resolutions and authorities required by law and pursuant to the Trust Deed have been passed to enable us to invest on behalf of the trust.
- We confirm that we have read and understood the Product Disclosure Statement.
- We confirm that we have read, understood and agree to be bound by the terms of the Trust Deed for the Fund.
- We understand that the Fund is a long term investment vehicle and the value of our investment is liable to fluctuations.
- We confirm that we understand how fees will be deducted from our investment.
- We consent to the receipt of information and documents by electronic communication.
- We acknowledge that we have read, understood and agree to the terms of your Privacy Policy.
- We are not aware, and do not have any reason to suspect, that any monies used to acquire unit(s) are derived from money laundering, terrorism financing, or any other illegal activity.
- We agree to provide any further documents requested to comply with obligations under the AML/CFT Act.
- We acknowledge that you may be obliged to share information with relevant domestic and foreign tax authorities (including FATCA and CRS).
- We acknowledge that failure to advise or an incorrect PIR may result in incorrect tax deductions and we will be liable for any resulting shortfall.
- We confirm that all information and documents provided are accurate and complete, and we will advise you of any changes (including changes to trustees or Trust Deed).
- We understand that this Application Form cannot be withdrawn or reworked and you reserve the right to reject any Application Form in whole or in part.
-

**TRUSTEE 1 SIGNATURE**

**NAME**

**DATE**

\_\_\_\_\_

**TRUSTEE 2 SIGNATURE**

**NAME**

**DATE**

\_\_\_\_\_

**TRUSTEE 3 SIGNATURE**

**NAME**

**DATE**

\_\_\_\_\_

**TRUSTEE 4 SIGNATURE**

**NAME**

**DATE**

\_\_\_\_\_

**TRUSTEE 5 SIGNATURE**

**NAME**

**DATE**

\_\_\_\_\_

# Natural Person

Complete if identified as a natural person in Form 2, Form 3, or Form 4.

FORM REFERENCE

## 1 INFORMATION ABOUT THE NATURAL PERSON

FULL LEGAL NAME

DATE OF BIRTH

CONTACT NUMBER

RESIDENTIAL ADDRESS (INCLUDE COUNTRY OF RESIDENCE, NO P.O. BOXES)

EMAIL

## 2 RELATIONSHIP TO THE INVESTOR

EXPLAIN YOUR RELATIONSHIP TO THE INVESTOR

## 3 VERIFICATION OF IDENTITY

### Part A — Electronic Verification

NZ PASSPORT NUMBER

EXPIRY DATE

or

NZ DRIVERS LICENCE NUMBER

VERSION NUMBER

EXPIRY DATE

### Part B — Documentary Verification (certified per Certification Guide)

Option 1 — select one:

CURRENT NZ  
PASSPORT

CURRENT NZ FIREARMS  
LICENCE

CURRENT OVERSEAS  
PASSPORT

or

Option 2 — NZ Drivers Licence PLUS one of:

NZ/OVERSEAS BIRTH  
CERTIFICATE

NZ/OVERSEAS CITIZENSHIP  
CERTIFICATE

NZ BANK STATEMENT (LAST 12  
MONTHS)

NZ BANK  
CARD

STATEMENT FROM GOVERNMENT AGENCY (LAST 12  
MONTHS)

DOCUMENT FROM GOVERNMENT AGENCY SHOWING NAME & SIGNATURE (LAST 12  
MONTHS)

## 4 PROOF OF ADDRESS

Copy (NZ residents) or certified copy (non-NZ) dated within last 6 months showing name and residential address:

UTILITY  
BILL

RATES  
INVOICE

BANK  
STATEMENT

IRD  
STATEMENT

GOVERNMENT AGENCY  
DOCUMENT

**ACKNOWLEDGEMENTS — FORM 5**

- I have read, understood and agree to the terms of your Privacy Policy.

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- I acknowledge that you may need to disclose information about me to the Financial Markets Authority and appointed Statutory Supervisor. I agree to the disclosure of this information.

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- I give my consent to verify my identity by disclosing personal information to your nominated electronic verification provider(s) for AML/CFT Act compliance.

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- I agree to provide any further documents requested to comply with obligations under the AML/CFT Act.

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- I acknowledge that you may be obliged to share information with relevant domestic and foreign tax authorities (including FATCA and CRS).

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- I confirm that the information and documents provided are accurate and complete, and that I will advise the investor of any changes.

**PERSON SIGNATURE**

**NAME**

**DATE**

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# Complete Before Submitting

Use this checklist to ensure your Application Form is complete before submission.

## FORM 1 — INVESTMENT DETAILS

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- Have you read and understood the Product Disclosure Statement?
- Have you completed Section 1 (Contributions)?
- Have you completed Section 2 (Distribution Instructions)?
- If applicable, have you completed Section 3 (Adviser Details)?
- If applicable, have you completed a Direct Debit Authority?
- Have you read and understood the payment instructions?

## FORM 2 — INDIVIDUALS / JOINT

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- Have you completed Section 1 (Information about the Individual(s))?
- If applicable, have you completed Section 2 (Relationship of Person 1 and Person 2)?
- Have you completed Section 3 (Nature and Purpose for Investing)?
- Have you completed Section 4 (Verification of Identity)?
- Have you completed Section 5 (Proof of Address)?
- Have you completed Section 6 (Beneficial Owners) and attached Form 5 for all natural persons identified?
- Have you completed Section 7 (Persons Acting on Behalf) and attached Form 5 for all natural persons identified?
- Have you attached all supporting documents listed in Section 8?
- Have you read, understood, completed the acknowledgements and signed Form 2?

## FORM 3 — COMPANY

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- Have you completed Section 1 (Information about the Company)?
- Have you completed Section 2 (Nature and Purpose for Investing)?
- Have you completed Section 3 (Beneficial Owners) and attached Form 5 for all natural persons identified?
- Have you completed Section 4 (Persons Acting on Behalf) and attached Form 5 for all natural persons identified?
- Have you attached all supporting documents listed in Section 5?
- Have you read, understood, completed the acknowledgements and signed Form 3?

## FORM 4 — TRUST

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- Have you completed Section 1 (Information about the Trust)?
- Have you completed Section 2 (Nature and Purpose for Investing)?
- Have you completed Section 3 (Beneficial Owners) and attached Form 5 for all natural persons identified?
- Have you completed Section 4 (Persons Acting on Behalf) and attached Form 5 for all natural persons identified?
- Have you attached all supporting documents listed in Section 5?
- Have you read, understood, completed the acknowledgements and signed Form 4 (Trust)?

## FORM 5 — NATURAL PERSON

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- Have you completed Section 1 (Information about the Natural Person)?
- Have you completed Section 2 (Relationship to the Investor)?
- Have you completed Section 3 (Verification of Identity)?
- Have you completed Section 4 (Proof of Address)?
- Have you attached all supporting documents listed in Section 5?
- Have you read, understood, completed the acknowledgements and signed Form 5?

