



CASTLE POINT

Castle Point Application Form

TRUST APPLICANT

FEBRUARY 2022



Overview of this Application Form

How to apply

The steps for applying to be an investor with Castle Point Funds Management Limited (**Castle Point, we, us**) are set out below.

| | |
|-----------------|---|
| Read | Read the Product Disclosure Statement(s) for the applicable Fund(s) carefully. These can be found at: www.castlepointfunds.com/investor-documents . |
| Complete | Complete this Application Form if you are a Trust applicant . <i>If you are investing via a company, as an individual or jointly with another person, please download the Applicable Form from:</i> www.castlepointfunds.com/investor-documents . |
| Email | Email your completed documentation to: info@castlepointfunds.com . <i>If you are not able to email your documentation to us, please call our team on 09 300 6060 for help.</i> |
| Verify | Verify the information about the Trust, any beneficial owners of the Trust and persons acting on your behalf of the Trust (as applicable). |
| Review | Following receipt of your Application Form we will review its contents and let you know if we require any further information. <i>We may contact you where we require additional information following our review of your Application Form. We will not be able to provide you with an investor number until all requisite documentation has been provided, reviewed and approved by us.</i> |
| Remit | Once your Application Form is approved, we will provide you with an investor number and account details so you can remit funds for your investment. |

Instructions for completing this Application Form

When completing this Application Form:

- You can either print in capital letters using a ball point pen or type directly into the Application Form.
- If an item or section is not applicable, please leave it blank.
- If you make a mistake, please cross out the error and initial the change.
- If additional space is required, please use the blank page provided at the end of this Application Form.
- If any of your details change or the documents or information that you have provided to us become outdated, please notify us immediately.

Regulatory Requirements

Castle Point is a licensed manager of managed investment schemes (MIS) under the Financial Markets Conduct Act 2013. We are also a “reporting entity” for the purposes of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

As a licensed MIS Manager, a reporting entity and for the purposes of satisfying certain foreign tax requirements, we are required to collect and verify certain information. This is done at the time that you invest with us and thereafter, at various intervals throughout your time as an investor with us.

Help with this Application Form

Please contact us on **+64 (0) 9 300 6060** or email us at info@castlepointfunds.com if you have any questions regarding this Application Form.

Application Form

Section 1 – Investor Details

Trust Details

Legal name of the Trust:

Address of the Trust:

P.O. Boxes are not accepted. The residential address of a trustee can be used if the Trust does not have a physical address.

Tax, Income and Trust Structure

Prescribed Investor Rate (PIR) Tick one 0% 10.5% 17.5% 28% Notified Foreign Investor

Is the Trust a NZ tax resident? Yes No If yes, IRD number:

Is the Trust a US tax resident? Yes No If yes, TIN number:

Is the Trust a tax resident in any other country(ies)? Yes No

If yes, list country(ies) of tax residence and foreign tax numbers:

Type of Trust (select one)

Charitable Trust: Specify the object or purpose of the Trust:

Discretionary Trust: Specify the class or type of beneficiaries:

Fixed Trust: Does the trust have more than 10 beneficiaries? Yes No

If yes, specify the class or type of beneficiaries:

If no, please list in [Section 4 – Beneficial Owners](#) of this Application Form those beneficiaries who are directly or indirectly entitled to more than 25% of the assets of the Trust (in aggregate).

Trust Documents

Provided

Provide a copy of the latest Trust Deed and any documents that vary the Trust Deed.

Proof of Address

Provided

Provide a copy of a document issued within the last [six months](#) evidencing the address of the Trust.

For example, a utility bill, Charities Register Extract, or bank statement. The residential address of a trustee can be used where the Trust does not have a physical address.

Source of Wealth / Source of Funds

Provided

Please provide information about the source of wealth and/or source of funds for the Trust and evidence supporting this information.

Source of wealth is the origin of the assets of the Trust and source of funds is the origin of the funds used for the investment with us.

Income and Structure of the Trust

Is the Trust a financial institution? Yes No

(For example, but not limited to, a custodian, depository, investment entity or specified insurance Trust).

In the preceding income year, did 50% or more of the Trust's gross income come from passive income (such as dividends, interest, rents, royalties or annuities) or were 50% or more of the Trust's assets held for the production of passive income? Yes No

If yes, the Trust is a "passive non-financial entity." Please complete the self-certification for each of the individuals identified in

[Section 4 – Beneficial Ownership](#) of this Application Form.

Financial Adviser

Is this investment through a financial adviser? Yes No

If yes, state the financial adviser's name and firm:

Does your financial adviser have authority to act on behalf of the Trust in relation to your investment with us? Yes No

If yes, please include the financial adviser in *Section 5 - Persons Authorised to Act on Behalf* of this Application Form.

Section 2 – Investment details (all amounts in NZ\$)

Please complete the following questions which relate to your proposed investment with us. All amounts are in NZD\$ and the initial application must be for a minimum of \$10,000. Any subsequent investments must be for a minimum of \$1,000.

In relation to your investment, please indicate how you intend on making the following:

| | | | |
|-----------------------|-----------|----------------|-----|
| Contributions: | Regularly | Intermittently | N/A |
| Withdrawals: | Regularly | Intermittently | N/A |

Please select the primary purpose of your investment with us from the following:

Purpose: Diversified Investment Retirement Savings Other

If other, please explain the purpose of your investment here:

Please state your initial investment amount and distribution option in the table below.

| Fund | Investment Amount * Minimum \$10,000 per fund | Distribution Options * The default is "re-invest" if no option is selected |
|-------------------|--|---|
| Ranger Fund | | Not applicable |
| 5 Oceans Fund | | Re-invest Direct Credit |
| Trans-Tasman Fund | | Re-invest Direct Credit |

Section 3 – Bank details

Provide the Trust's bank account details for the payment of future withdrawals. This must be a New Zealand bank account.

Account Name:

Bank Name:

Account Number: Bank:

Branch:

Account:

Suffix:

To verify the bank account details, please provide a copy of one of the following documents.

Bank Statement dated within the last 12 months.

Bank Deposit Slip.

Correspondence from your bank with the account name and account number dated within the last 12 months.

Deposit receipt, account summary or transaction receipt stamped by the bank dated within the last 12 months.

Online bank summary page or transaction history dated within the last 12 months.

Section 4 – Trustee’s, Beneficiaries & Controlling Persons

Please list below those individuals who satisfy any one of the following criteria:

A. Entitled to more than 25% of the assets of the Trust.

This is only applicable where the Trust is a Fixed Trust with less than 10 beneficiaries. Only those beneficiaries who are directly or indirectly entitled to more than 25% of the assets of the Trust (in aggregate) need to be listed.

B. Has effective control of the Trust.

Any individual who can amend the Trust Deed, appoint or remove trustees, or distribute the assets of the Trust. This includes, for example, the trustees, settlors, protectors and appointors. Where a trustee company or statutory trustee company has been appointed as a trustee, please list all directors of the trustee company.

C. On whose behalf the investment is being conducted.

Any individuals who are central to the transaction but who are not legally entitled to the assets of the Trust or do not have direct control of the Trust.

We will contact each individual to request completion of electronic verification in accordance with [Section 7-Verification of Identity and Residential Address](#).

If the Trust is a “passive non-financial entity”, please complete the passive non-financial entity details for each individual listed below (excluding directors of a trustee company).

Individual 1

Relationship to the Trust: Beneficiary entitled to >25% of the assets of the Trust On Whose Behalf
Trustee Settlor / Appointer / Protector Other, specify:

Full Legal Name:

Residential Address:

Email:

Please complete this section if the Trust is a passive non-financial entity (not applicable for a director of a trustee company):

| | | | |
|---|-----|----|--------------------|
| Are you a US tax resident? | Yes | No | If yes, TIN number |
| Are you a tax resident in any other country(ies)? | Yes | No | |
| If yes, please list the country(ies) of tax residence and foreign tax number(s) | | | |
| Signature: | | | Date: |

Individual 2

Relationship to the Trust: Beneficiary entitled to >25% of the assets of the Trust On Whose Behalf
Trustee Settlor / Appointer / Protector Other, specify:

Full Legal Name:

Residential Address:

Email:

Please complete this section if the Trust is a passive non-financial entity (not applicable for a director of a trustee company):

| | | | |
|---|-----|----|--------------------|
| Are you a US tax resident? | Yes | No | If yes, TIN number |
| Are you a tax resident in any other country(ies)? | Yes | No | |
| If yes, please list the country(ies) of tax residence and foreign tax number(s) | | | |
| Signature: | | | Date: |

Individual 3

Relationship to the Trust: Beneficiary entitled to >25% of the assets of the Trust On Whose Behalf
Trustee Settlor / Appointer / Protector Other, specify:

Full Legal Name:

Residential Address:

Email:

Please complete this section if the Trust is a passive non-financial entity (not applicable for a director of a trustee company):

Are you a US tax resident? Yes No If yes, TIN number

Are you a tax resident in any other country(ies)? Yes No

If yes, please list the country(ies) of tax residence and foreign tax number(s)

Signature:

Date:

Individual 4

Relationship to the Trust: Beneficiary entitled to >25% of the assets of the Trust On Whose Behalf
Trustee Settlor / Appointer / Protector Other, specify:

Full Legal Name:

Residential Address:

Email:

Please complete this section if the Trust is a passive non-financial entity (not applicable for a director of a trustee company):

Are you a US tax resident? Yes No If yes, TIN number

Are you a tax resident in any other country(ies)? Yes No

If yes, please list the country(ies) of tax residence and foreign tax number(s)

Signature:

Date:

Individual 5

Relationship to the Trust: Beneficiary entitled to >25% of the assets of the Trust On Whose Behalf
Trustee Settlor / Appointer / Protector Other, specify:

Full Legal Name:

Residential Address:

Email:

Please complete this section if the Trust is a passive non-financial entity (not applicable for a director of a trustee company):

Are you a US tax resident? Yes No If yes, TIN number

Are you a tax resident in any other country(ies)? Yes No

If yes, please list the country(ies) of tax residence and foreign tax number(s)

Signature:

Date:

Section 5 - Persons Authorised to Act on Behalf

Please list individuals who are authorised to act on behalf of the Trust in relation to its dealings with us. For example, an authorised signatory.

Please provide evidence of each of these individual's authority to act on behalf of the Trust. For example, a confirmation letter from one or more trustees or a Letter of Engagement.

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Authorised Person 1

*Details are provided in Section 4 – Beneficial Owners**

Full Legal Name*:

Residential Address:

Email:

Relationship to the Trust:

Evidence of authority has been provided: Yes No

Authorised Person 2

*Details are provided in Section 4 – Beneficial Owners**

Full Legal Name*:

Residential Address:

Email:

Relationship to the Trust:

Evidence of authority has been provided: Yes No

Authorised Person 3

*Details are provided in Section 4 – Beneficial Owners**

Full Legal Name*:

Residential Address:

Email:

Relationship to the Trust:

Evidence of authority has been provided: Yes No

Authorised Person 4

*Details are provided in Section 4 – Beneficial Owners**

Full Legal Name*:

Residential Address:

Email:

Relationship to the Trust:

Evidence of authority has been provided: Yes No

Section 6 – Authority to Instruct

Authority to instruct in relation to withdrawals and changes to Trust details:

Name:

Name:

Name:

Name:

Any one of the above.

Any two of the above.

Section 7 – Verification of Identity and Residential Address

To comply with our obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, and certain foreign tax requirements, we are required to verify the identity and residential address of the following:

- Any individuals who are beneficial owners of the Trust, as identified in *Section 4 – Beneficial Owners of this Application Form*.
- Any persons authorised to act on behalf, as identified in *Section 5- Persons Authorised to Act on Behalf of this Application Form*.

Verification can be undertaken using one of the following options:

Option 1: Electronic Verification

Verification of identity and residential address can be undertaken electronically for any person who holds a current Australian or New Zealand driver's licence or passport.

Electronic verification is undertaken through a third-party verification provider using your camera phone or laptop.

Following our review of your completed Application Form, we will circulate links to the mobile phone number or email address for each individual listed in this Application Form to complete verification of your identity and residential address.

Please note:

- If you do not hold a valid Australian or New Zealand driver's licence or passport, you will need to verify your identity and residential address using *Option 2: Documentary Verification*.
- If the link expires before you are able to verify your identity, please contact us and we will resend the link.
- If you are unable to verify your identity or residential address, we will contact you to complete verification using *Option 2: Documentary Verification* below.

Option 2: Documentary Verification

Where electronic verification is unable to be completed, verification of identity and residential address can be undertaken using documentary verification.

This requires identity and residential address documentation to be certified in accordance with the [New Zealand Certification Guide](#), where a person is in New Zealand, or in accordance with the [Overseas Certification Guide](#) where the person is overseas. Please note that we cannot accept documents that have not been certified in accordance with these guides.

The [New Zealand Certification Guide](#) and [Overseas Certification Guide](#) are available on our website at www.castlepointfunds.com/investor-documents.

Section 8 – Declaration

By signing this Application Form, we acknowledge that we have been provided with the Product Disclosure Statement(s) dated as below, applicable to the Funds we are investing into, and that offers to purchase Units are subject to the terms and conditions set out in the Product Disclosure Statement(s) and this Application Form.

| Fund | Date of current Product Disclosure Statement |
|--------------------------------|--|
| Castle Point Ranger Fund | 30 June 2021 |
| Castle Point 5 Oceans Fund | 30 June 2021 |
| Castle Point Trans-Tasman Fund | 30 June 2021 |

We further acknowledge that we have read and understood the applicable Product Disclosure Statement(s) which contains important information about investing in the Funds. We confirm that Castle Point Funds Management Limited has not provided us with advice in relation to our particular financial situation or goals.

We irrevocably apply for the principal amount of Units shown in Section 2 of the Terms and Conditions set out in the Product Disclosure Statement(s) and this Application Form.

We consent to Castle Point using the information we have provided to it in order to satisfy its regulatory obligations. Specifically, we consent to Castle Point disclosing personal information provided to its nominated electronic verification provider for the purpose of undertaking electronic verification checks under Anti-Money Laundering and Countering Financial Terrorism Act 2009 (and related regulations and materials).

We confirm that the information and documents provided are accurate and complete and agree to notify you in writing immediately if there is any change which we become aware of which would cause the information contained in this Application Form to become incorrect or incomplete.

Trustee's Limitation of Liability

In the case where you are a trust (or trustee(s) acting in relation to a trust), this Application Form will bind each trustee of that trust. Each trustee will also be bound personally unless that trustee is an independent trustee. For the purposes of this declaration, a trustee (or their spouse de facto or otherwise, children or civil union partner) has any right to (irrespective of whether it is a discretionary right) or interest in any assets of the trust except in their capacity of the trust or a power of appointment of additional beneficiaries under the trust. The liability of an independent trustee is limited to the assets of the relevant trust held by the independent trustee from time to time in the absence of fraud or willful default.

Each trustee confirms that the trustee:

- Has the power to enter into this Application Form either under the terms of the trust document or under the powers given to them by the Trust Act 2019.
- Has properly signed this Application Form in accordance with the terms of the trust.
- Has a right of indemnity from the trust assets.

Where the client is a trust (or trustee(s) acting in relation to a trust), the trustees will advise Castle Point if any of the following occurs:

- The trust deed is amended or revoked.
- A trustee is removed or retires as trustee of the trust.
- A new or additional trustee of the trust is appointed.
- A vesting date under the trust deed is determined during the term of this Application Form.
- A restriction or limitation on the right of indemnity of any trustee of the trust is created.

This Application Form must be signed by all trustees.

Name (Print):

Signature: Date:

Position:

Name (Print):

Signature: Date:

Position:

Name (Print):

Signature: Date:

Position:

Name (Print):

Signature: Date:

Position:

Name (Print):

Signature: Date:

Position:

Name (Print):

Signature: Date:

Position:

Name (Print):

Signature: Date:

Position:

Name (Print):

Signature: Date:

Position:

Application Terms

This application constitutes an irrevocable offer by you to acquire the Units specified in this Application Form on the terms and conditions set out in the applicable Product Disclosure Statement(s) and this Application Form.

We reserve the right to decline any application in whole or in part, without giving any reason. Money received in respect of applications which are declined in whole or in part will be refunded in whole or in part (as the case may be).

If this Application Form is not completed correctly, or if the accompanying payment is for the wrong amount, it may be treated as invalid. Our decision as to whether to treat an application as valid, and how to construe, amend or complete it, shall be final.

Our decision on the number of Units to be allocated to an applicant shall also be final. No reasons will be given regarding the level of allocations. Applicants will not, however, be treated as having offered to purchase more than the dollar amount of Units indicated on the Application Form.

Application moneys will be banked upon receipt. Interest earned on that account will be paid to the applicable fund.

The information you provide is covered by the Privacy Act 2020. Your rights in relation to personal information are governed by the Privacy Act 2020.

When you invest in a Fund, and during the period of your investment, personal information relating to you may be required by us, Inland Revenue, Financial Markets Authority and/or Supervisor. This information is needed for

administering your investment and may be used and disclosed for the purposes of the Fund and to assist you with other financial services provided by us.

Castle Point will use the information that you provide to it to satisfy its regulatory obligations. This includes, among other things, the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and the Financial Markets Conduct Act 2013.

During normal working hours you are entitled, free of charge, to see any personal information we hold about you. If you believe that any of the details are incorrect, you may ask for a correction to be made. If for any reason we are unable to make the correction requested, details of your request will be permanently attached to your personal information.

By signing this Application Form you agree to indemnify and keep us indemnified against all damages, costs, losses (including, without limitation, loss of profits) and expenses of any kind, whether direct or indirect, which arise from or in connection with your application for investment in Units in the Fund. This includes an indemnity covering any tax liability incurred on your account that cannot be recovered from the value of Units you hold in the Fund.

Expressions defined in the Product Disclosure Statement(s) have the same meanings in this Application Form. This Application Form is governed by New Zealand law.

Additional Comments
