

# INTEGRAL MASTER TRUST

## Application form

This form is used to apply for Units in the Integral Master Trust funds (Cash Holding, Fixed Interest, Diversified 40, Diversified 60 and Global Equities Funds), either on an ad hoc basis, or by a regular application. Please complete all sections.

### 1. Type of investment

Initial application (you also need to provide a completed investor details form) IRD number  

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Name of Investor  IRD number  

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Subsequent application for existing investor – Investor Number

### 2. Application payment

For a Regular Application – Proceed to Part 4 below

Electronic funds transfer to 'Integral Nominees Limited – Applications Account' 02-0500-0987710-000

The following details must be included with your transfer to avoid delays in identifying your payment:

**Particulars:** Your surname

**Code:** Your IRD number

A cheque drawn on a NZ bank account in my/our name payable to 'Integral Nominees Limited – Applications Account' is attached

Application payment amount \$

### 3. Application details

Fund	Amount	
Cash Holding	\$	Minimum \$1,000 investment in this Fund
Fixed Interest	\$	Minimum \$1,000 investment in this Fund
Diversified 40	\$	Minimum \$1,000 investment in this Fund
Diversified 60	\$	Minimum \$1,000 investment in this Fund
Global Equities	\$	Minimum \$1,000 investment in this Fund
<b>Total (must equal Application Payment amount above)</b>	<b>\$</b>	Minimum \$10,000 if initial application

### 4. Regular Direct Debit application details (15th of the month)

No  Yes I/We wish to establish a new regular application via direct debit from my bank account to purchase additional Units.

Month Start   /

No  Yes I/We wish to change the bank account from which my/our existing regular application is debited.

If you chose 'Yes' to either of the above, you also need to complete Part 6 – direct debit authority on the next page.

No  Yes I/We wish to change the amount of my/our existing regular application.

Fund	Amount	
Cash Holding	\$	Minimum \$250 investment in this Fund
Fixed Interest	\$	Minimum \$250 investment in this Fund
Diversified 40	\$	Minimum \$250 investment in this Fund
Diversified 60	\$	Minimum \$250 investment in this Fund
Global Equities	\$	Minimum \$250 investment in this Fund
<b>Total Regular Application (Direct Debit) amount</b>	\$	

No  Yes I/We wish to cancel our existing regular application.

Please remember any rebalancing instructions previously given when completing this section.

### 5. Declaration

I/We certify that I/we have received, read and understood the current Product Disclosure Statement and this application form in their entirety.

I/We agree to be bound by the terms and conditions set out in the current Integral Master Trust Product Disclosure Statement, the Trust Deed and this application form.

I/We have read and agree to the terms outlined in section 9 of the investor details form in relation to the Privacy Act 1993 and the supply of personal information.

I/We understand that 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.

I/We consent to the provision of information to me in electronic form to the extent permitted by law.

I/We hereby apply to invest in accordance with, and agree to be bound by, the Terms and Conditions.

Signature of Applicant, Trustee or Director

Date

 /  /   

Signature of Applicant, Trustee or Director

Date

 /  /   

Signature of Applicant, Trustee or Director

Date

 /  /   

Signature of Applicant, Trustee or Director

Date

 /  /

## 6. Direct debit authority

Account number

Account Name

Frequency

Monthly (default)

Quarterly

Half yearly

Authorisation Code | 0 | 2 | X | X | X | X | X | (Not to operate as an assignment or agreement)

### To the Manager:

Your Bank – name

Branch name

Postal address

I/we authorise you until further notice in writing to debit my/our account with you will all amounts which Integral Nominees Limited (hereinafter referred to as the Initiator), the registered initiator of the above Authorisation Code, may initiate by direct debit.

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

Information to appear in my/our bank statements:

Payer particulars

Payer code

Payer reference

Signature of Account Holder

Date

 /  / 

Signature of Account Holder

Date

 /  / 

Signature of Account Holder

Date

 /  / 

Signature of Account Holder

Date

 /  /

Approved	For bank use only			Bank stamp
	Date received	Recorded by	Checked by	
	Original – Retain at branch Copy – Forward to Initiator if requested			

## Conditions of this authority to accept direct debits

### 1. The Initiator:

- a. Has agreed to give notice to the Customer of the commencement date, frequency and amount of the direct debit no later than the day the direct debit is initiated. This notice will be provided in writing (including by electronic means where the Customer has provided prior written consent to communicate electronically).
- b. May, upon the relationship which gave risk 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:

- a. At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by the means agreed by the customer, Bank and Initiator.
- b. Stop payment of any direct debit to be initiated under this authority by the Initiator by given in written notice to the Bank prior to the direct debit being paid by the bank.

### 3. The Customer acknowledges that:

- a. 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
- b. In any even this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- c. 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.
- d. 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:
  - The accuracy of information about direct debits on bank statements.
  - Any variations between notices given by the Initiator and the amounts of direct debits.
- e. 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.

### 4. The Bank may:

- a. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- b. At any time terminate this authority as to future payments by notice in writing to me/us.
- c. Charge its current fees for this service in force from time to time.