

### IMPORTANT NOTICE - please read

This application is issued with the latest Product Disclosure Statement (PDS) for an offer of debt securities issued by the Roman Catholic Bishop of the Diocese of Hamilton, trading as the Catholic Development Fund (CDF). The latest PDS and the Trust Deed can be viewed at the following websites: NZ Companies Office [www.business.govt.nz/disclose](http://www.business.govt.nz/disclose) or Catholic Diocese of Hamilton [www.cdh.org.nz/cdf](http://www.cdh.org.nz/cdf) or the Diocesan Office: 51 Grey Street, Hamilton East, Hamilton 3216

**Please Note:** please complete and return this Account Application Form to the CDF. Subject to the CDF's legal requirements, the CDF will send you a debt instrument certificate showing your opening account balance upon receipt of your opening deposit. In accordance with the Terms and Conditions, you have 30 days from the date your Account is opened to cancel your Account Application without obligation or fee.

Please complete applicable  White boxes

**Applicant Details** if joint account  please contact CDF for an additional form(s) or download from [cdf.cdh.nz](http://cdf.cdh.nz)

Surname  First Name(s)   
Residential Address   
Date of Birth  /  /  Mobile  ( ) Ph No.  ( )  
Email   
Name of Joint Account Holder (If applicable)   
IRD Number  NZ Resident Withholding Tax Rate 10.5%  17.5%  30%  33%  Other %   
\* if no IRD number provided, "non-declaration" rate of 45% applies \* if no RWT rate provided a default rate of 33% applies \* if you are unsure which tax bracket you fit into, visit [www.ird.govt.nz](http://www.ird.govt.nz)  
Tax Exemption Certificate  to be provided (please enclose with this application form)  already held by CDF

### Contact Details (if different from above)

Surname  First Name(s)   
Physical Address   
Email   
Relationship to Applicant  Mobile  ( ) Ph No.  ( )

I authorise the CDF on proof of my death to pay my funeral costs to →   
and (if applicable), pay any remaining balance in my account to  
(insert name, address, contact details at right) →   
unless prior to payment CDF has been instructed otherwise in writing by  
my Executor(s)/Personal Representative(s) of my Will named at right - →   
(if different from above named)

### HOW DO YOU WISH TO PAY?

**Online Payment** (Please identify your payment by inserting your LAST/FIRST NAME)

**Automatic Bank Authority**  
Please set up with your bank

Account Name: R C Bishop of Hamilton - CDF A/c  
A/c No: 02 0342 0050008 06  
Bank: BNZ Branch: Hamilton

**YOUR ID** (incl any Power-of-Attorney(s)) - to be confirmed in accordance with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/ CFT)

Please provide a copy of current - (unless you have provided to the CDF already)

1.  PASSPORT (photo, signature, date-of-birth page) OR  
 DRIVER'S LICENCE (both sides) plus eg: full birth certificate, Super Gold Card (both sides) or credit/debit card (both sides. Please blank out numbers)

These copies need to be **verified in-person** (please bring **original** documents) by **authorised CDF staff** OR **certified** (please see over for details)

**AND**

2.  RESIDENTIAL ADDRESS eg: recent (within last 3 months) phone or power bill, showing applicant's name and current residential address  
NB: recently-expired or alternative documents to above may be acceptable. Please contact us.

**PLEASE SEE OVERLEAF FOR CHECKLIST, SIGNING AND DATING** →

**Source of Funds or Wealth** (Of applicant and any beneficial owner of this account) eg: property sale, bequest, inheritance, rental income, salary, accumulated savings, other (specify). **Only complete if applicant is a trust, politically-exposed person (refer NZ AML/CFT Act 2009's Interpretation) or if CDF otherwise requests. Written evidence is required.**

### Applicant's Proposed Relationship with CDF

Nature eg: single or casual lump sum(s), low or high transaction frequency, low or high transaction value

Purpose eg: (while it's self-evident the purpose of opening this standard deposit account is for helping build savings, if there are other reasons please insert below)

### DOCUMENT CERTIFICATION Where the CDF is not able to certify original identity documents face-to-face.

**For copies of identity documents to be acceptable, they must be certified by a trusted referee.**

**A trusted referee is:**

- |  |   |
|--|---|
| a. Commonwealth representative (as defined in the Oaths and Declarations Act 1957) | h. Lawyer (as defined in the Lawyers and Conveyancers Act 2006)   |
| b. A member of the Police  | i. Notary public  |
| c. Justice of the Peace  | j. New Zealand Honorary Consul  |
| d. Registered medical doctor   | k. Member of Parliament   |
| e. Kaumatua (as verified through a reputable source)                               | l. Chartered Accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996) |
| f. Registered teacher  | m. A person who has the legal authority to take statutory declarations or equivalent in New Zealand                       |
| g. Minister of religion  |   |

**In addition, the trusted referee must not be:**

- related to the customer, for example, trusted referee cannot be a parent, child, brother, sister, aunt, uncle or cousin
- the spouse or partner of the customer
- a person who lives at the same address as the customer
- anyone else not independent of the account holder (applicant) or the transaction to which the certification applies.

**The trusted referee (certifier) must sight the original documentary identification, and make a statement to the effect that the documents provided are a true copy and represent the identity of the named individual (link to the presenter)**

**Certification must include the name, signature and date of certification. The trusted referee must specify their capacity to act as a trusted referee from sections a) to m) above**

**Certification must have been carried out in the three months preceding the presentation of the copied documents**

**Source: NZ Department of Internal Affairs, Financial Markets Authority, Reserve Bank of NZ (AML/CFT Amended Identity Verification Code of Practice 2013)**

**Certification When Overseas** - when certification occurs overseas, copies of international identification provided by a customer resident overseas must be certified by a person authorised by law in that country to take a statutory declaration or equivalent in the customer's country.

**Please check you have -**

- Completed the applicable white boxes overleaf, above and below
- Ticked, signed and dated below. Now email or post or drop off to CDF using the contact details overleaf.

### Privacy Act 2020

The personal information provided in this application is collected by and held by the Catholic Development Fund, Catholic Diocese of Hamilton, Chanel Centre, 51 Grey Street, Hamilton East, and may be used by it to offer you services and products from time to time. If you do not wish to receive such offers, please write 'No' here  Certain information will be released to Inland Revenue to comply with tax requirements. You have the right under the Privacy Act to obtain access to and request correction of any personal information held by the Catholic Development Fund, or any change of address or telephone number

I hereby consent to the Roman Catholic Bishop of the Diocese of Hamilton (trading as the Catholic Development Fund (CDF)) using and disclosing my/our personal information identified in this application form to RealYou Limited (trading as RealAML) and any subsequent e-verification provider used by the CDF from time to time for the purpose of fulfilling CDF's obligations under the AML/CFT Act 2009. I further acknowledge that, where applicable, my consent applies to one or more named account holders and/or their personal representatives.

*Please tick* I have read and retained a copy of the latest PDS for the offer of debt securities issued by the Roman Catholic Bishop of the Diocese of Hamilton. I have also read the CDF Funeral Savings Account brochure (also incorporating Terms and Conditions relating to this investment). I agree to be bound by those Terms and Conditions, including the Release and Indemnity contained in those Terms and Conditions.

**Applicant (or POA) Signature**

**Date**  /  /

If signing under Power of Attorney (POA), please supply a copy of the Property POA document and add "POA" after your signature. You may be asked to supply a Certificate of Non-revocation which confirms that the POA is current.

### FOR OFFICE USE ONLY

Name	<input type="text"/>	ID Complete	<input type="checkbox"/>	Address Complete	<input type="checkbox"/>
Date Received	<input type="text"/>	Signing Authority	<input type="checkbox"/>	PEP Checked	<input type="checkbox"/>
Initial Deposit	<input type="text"/>	Source of F/W	<input type="checkbox"/>	Certificate Issued	<input type="checkbox"/>
Account No:	<input type="text"/>	Information Loaded	<input type="checkbox"/>	Account Opened	<input type="checkbox"/>