

1 July 2025

**Please email this form and any supporting documentation to:**  
[masinvest@linkmarketservices.com](mailto:masinvest@linkmarketservices.com)

Or

**Please send completed form and supporting documents by post to:**  
 MAS FREEPOST 884,  
 PO Box 91976  
 Victoria Street West, Auckland 1142

**For assistance:**  
 Phone 0800 627 738

### **i** Important information

MAS Investment Funds is open to companies, partnerships and other entities registered in New Zealand.

Trusts including estates will need to complete a separate application form available at [mas.co.nz/investmentfunds-documents](https://mas.co.nz/investmentfunds-documents).

For applications there is a minimum initial investment of \$500 per account.

You may also need to complete an Entity Additional Authorised Person Form which you can find at [mas.co.nz/investmentfunds-documents](https://mas.co.nz/investmentfunds-documents).

If you are investing as a **limited partnership**, please contact us before completing this form.

When we receive your application, we will be in touch with advice as to the next steps. For help completing this form, please contact us.

## 1. Entity details

### a) Entity contact details

Legal name of the entity

Please select the appropriate box which describes your entity.

☐ Company
 ☐ Partnership
 ☐ Limited partnership
 ☐ Incorporated entity (e.g. society)
 ☐ Unincorporated entity (e.g. club)
 ☐ Other (please specify below)

Other

Company identifier or registration number (NZBN)

Primary email

Phone number

Physical address (not a PO Box number)

City
  Country
  Postcode

Postal address (if different from physical address)

City
  Country
  Postcode

Please note all general account correspondence will be issued to the primary email address provided above.

### b) Entity tax details

IRD number (must be provided)

Prescribed investor rate (PIR) ☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28%

Please refer to [ird.govt.nz/pir](https://ird.govt.nz/pir) for more information on how to determine your PIR. If a PIR is not selected, 28% will apply.

### c) Foreign tax details

If you are unsure how to answer these questions, please contact a qualified tax professional. Further information about the Common Reporting Standard (CRS) or the Foreign Account Tax Compliance Act (FATCA) is available from the Inland Revenue website at [ird.govt.nz/international-tax/exchange-of-information](https://ird.govt.nz/international-tax/exchange-of-information) and [ird.govt.nz/international-tax/exchange-of-information/fatca](https://ird.govt.nz/international-tax/exchange-of-information/fatca).

### 1. Is the entity a foreign tax resident?

Yes (please complete the table below)

No (please continue to question 2)

If yes, please list below all countries, other than New Zealand, in which the entity is a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Provide a reason if you are unable to provide a TIN.

Country of tax residence	Tax Identification Number (TIN)
1.	
2.	
3.	

### 2. Is the entity a financial institution as defined by the CRS or FATCA?

The term Financial Institution as defined by the CRS and FATCA includes custodial institutions, depository institutions, investment entities or specified insurance companies.

Yes (please provide GIIN below and move to section 2)

No (you must now answer question 3)

GIIN

### 3. Is the entity an Active or Passive Non-Financial Entity?

Generally, an entity will be an Active Non-Financial Entity (NFE), if less than 50% of its income is passive income and less than 50% of its assets produce (or could produce) passive income. An entity will be a Passive NFE if it primarily (50% or more) derives passive income and/or has assets that primarily (50% or more) produce (or could produce) passive income. Passive income generally includes non-trading investment income in the form of interest or equivalents, dividends, annuities, other financial arrangements' income, and rents and royalties.

Passive Non-Financial Entity

OR

Active Non-Financial Entity

## 2. Entity purpose of investing and source of funds

In this section we will ask for some information on how you intend to transact on your account and your source of funds.

This information is requested solely in relation to the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 ('AML/CFT Act') and is not used to assess the suitability of your product selection or to provide financial advice.

#### a) Purpose of investing

Please advise the primary reason you are investing (please select only one)

Savings reserves

Returns on investment

Diversification of current portfolio

Other (please describe)

Other

#### b) How you intend to transact

Please advise how you intend to use this investment.

**Contributions** (please select only one answer for each question)

Amount of contribution

0 - \$20,000

\$20,000 - \$50,000

\$50,000 - \$100,000

\$100,000+

Frequency of contributions

Regular

Now and then

Lump Sum (one-off)

**Withdrawals** (please select only one answer for each question)

Amount of withdrawal

0 - \$20,000

\$20,000 - \$50,000

\$50,000 - \$100,000

\$100,000+

Frequency of withdrawals

Regular

Now and then

Lump Sum (one-off)

**c) Source of funds**

Please advise the primary source of the funds you intend to invest (please select only one)

Property sale

Asset/business sale

Personal income

Accumulated savings

Deceased estate

Rental income

Other (please describe)

We may require supporting documentation to verify the information you provide on this application.

### 3. Details of authorised person(s) for the entity

Each authorised person who holds any of the following positions must complete this section.

- company directors, nominee directors, shareholders with more than a 25% interest, nominee shareholders, nominee partners, general partners, authorised officials (e.g. society president).

If there are more than 4 authorised persons associated with the account, an Entity Additional Authorised Person Form will need to be completed by each person that does not complete their details in this section. A copy of this form is available on our website at [mas.co.nz/investmentfunds-documents](https://mas.co.nz/investmentfunds-documents).

### Director / Partner / Officer Details - 1

What is your role or relationship to the entity: (e.g. Director, Partner, Officer)

Full name	<div>TitleFirst name(s)Surname</div>		
Date	<div>dd-mm-yyyy</div>	Occupation	
Email	Phone number		
Physical address (not a PO Box number)			
<div>CityCountryPostcode</div>			
Postal address (if different from physical address)			
<div>CityCountryPostcode</div>			

Are you a tax resident of one or more countries other than New Zealand?

Yes (please complete the table below)

No

If yes, please list below all countries, other than New Zealand, in which you are a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason if you are unable to provide a TIN.

Country of tax residence	Tax Identification Number (TIN)
1.	
2.	
3.	

### Investor Identification

We have two options for investors to confirm their identity. Please select one of the options below.

Option One: Electronic Identity Verification and Proof of Address

MAS can confirm the identity and/or New Zealand address of many of our investors electronically, with their permission. Please note that we use a third-party system not owned by MAS to conduct identity checks in this way.

I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver Licence (front & back).

Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 8.

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## Director / Partner / Officer Details - 2

What is your role or relationship to the entity: (e.g. Director, Partner, Officer)

Full name

Date  Occupation

Email  Phone number

Physical address (not a PO Box number)

Postal address (if different from physical address)

Are you a tax resident of one or more countries other than New Zealand?

Yes (please complete the table below)

No

If yes, please list below all countries, other than New Zealand, in which you are a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason if you are unable to provide a TIN.

Country of tax residence	Tax Identification Number (TIN)
1.	
2.	
3.	

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Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 8.

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## Director / Partner / Officer Details – 3

What is your role or relationship to the entity: (e.g. Director, Partner, Officer)

Full name  Title  First name(s)  Surname

Date  dd-mm-yyyy Occupation

Email  Phone number

Physical address (not a PO Box number)

City  Country  Postcode

Postal address (if different from physical address)

City  Country  Postcode

Are you a tax resident of one or more countries other than New Zealand?

Yes (please complete the table below)

No

If yes, please list below all countries, other than New Zealand, in which you are a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason if you are unable to provide a TIN.

Country of tax residence	Tax Identification Number (TIN)
1.	
2.	
3.	

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Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 8.

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## Director / Partner / Officer Details - 4

What is your role or relationship to the entity: (e.g. Director, Partner, Officer)

Full name 

Title	First name(s)	Surname
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Date 

dd-mm-yyyy
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 Occupation

Email Phone number

Physical address (not a PO Box number)

City	Country	Postcode
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Postal address (if different from physical address)

City	Country	Postcode
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Are you a tax resident of one or more countries other than New Zealand?

Yes (please complete the table below)

No

If yes, please list below all countries, other than New Zealand, in which you are a tax resident and provide the Tax Identification Number (TIN) for each country, or equivalent. Or provide a reason if you are unable to provide a TIN.

Country of tax residence	Tax Identification Number (TIN)
1.	
2.	
3.	

### Investor Identification

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I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver Licence (front & back).

Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 8.

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## 4. Authority to Act (optional)

Complete this section to give the below director(s) / shareholder(s) / partner(s) authority to act on behalf of the applicant.

We the directors/shareholders/partners:

- Confirm that we are all the current and validly appointed directors/shareholders/partners of the entity
- Confirm that we have decided to invest in MAS Investment Funds from time to time
- Authorise that the following named directors/shareholders/partners (acting jointly where more than one name is given) may, until further written notice to the contrary, instruct Medical Funds Management Limited (MFM) on behalf of all of the directors/shareholders/partners to:
  - reallocate any or all amounts invested in the name of the entity between funds
  - withdraw any or all amounts from any fund provided that such amounts are payable to the entity
  - deposit any further amounts into any fund in the name of the entity
- Ratify the actions of the above authorised directors/shareholders/partners so acting
- Indemnify MAS in respect of any liability incurred by MAS in acting in reliance upon this Authority to Act.

Full name

Full name

Full name

Full name

Please note, you must immediately notify MAS of any changes to the directors/shareholders/partners or other authorised person(s) of the entity.

This Authority to Act will then be revoked and, if required, a new Authority to Act will need to be completed.

All company directors must sign the agreement in section 7 before the Authority to Act will be in place.

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## 5. Entity investment details

In this section you can select which fund you would like to invest in, how much you would like to invest and how you would like to make your initial investment.

For applications there is a minimum initial investment of \$500 per account. You can invest entirely in one fund or invest across any of the 7 funds available.

### a) Fund selection

Please let us know how you would like your initial contribution invested:

Cash	Conservative	Moderate	Balanced	Growth	Aggressive	Global Equities
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Understanding your attitude to investment risk is important to help you understand how to invest your savings. You can use our Fund Finder to learn what kind of investment approach could be right for you and what kind of investment fund could be suited to your personal situation and investment objective. See our Fund Finder at [mas.co.nz/fundfinder](https://mas.co.nz/fundfinder).

## b) Initial investment

When you first join, you will need to make an initial investment by either investing a lump sum or making a regular contribution through online banking or setting up a regular investment by direct debit.

### Lump sum investment

You can make deposits into the MAS Investment Funds account, using these details:

Account name	MAS Investment Funds
Account number	01-1893-0947560-00
Particulars	Account number (your Account number will be in your welcome pack and you will need to provide this number to make your initial investment)
Code	Account name
Reference	MASINVEST

### Regular investment (by direct debit)

Please complete the Direct Debit Authority Form available on our website at [mas.co.nz/investmentfunds-documents](https://mas.co.nz/investmentfunds-documents).

## c) Bank account details

The bank account you provide will be the account in which we will pay any withdrawals you make.

**Please provide a New Zealand bank account in the name of the entity.**

Account Name

Account Number

Bank/Branch

You can choose to provide bank verification documents as part of your application. Proof of bank account can be provided as a bank statement, deposit slip or signed screen print of your internet bank accounts. Please note, the issued document must not be older than 12 months and include the name of the account holder(s), bank account number, bank logo.

We will be in touch if we cannot successfully verify your bank account from the information you provide.

Please note bank account verification will always be required prior to the payment of any withdrawals.

## 6. Terms and Conditions

Please read the following terms and conditions and accept the terms and conditions by signing in section 7.

Medical Funds Management Limited (the 'Manager') is the manager of the MAS Investment Funds (the 'Scheme').

The Manager is a wholly owned subsidiary of Medical Assurance Society New Zealand Limited (MAS). MAS Group means MAS, the MAS Members Trust, the Manager and all related companies. Public Trust is the Supervisor of the Scheme.

By completing this application form, you confirm that you have received and read the Product Disclosure Statement (PDS) for the Scheme and that you agree to be bound by the Scheme's terms and conditions. These are set out in the Scheme's Trust Deed (including any amendments made from time to time), PDS, any online register entry and this application form.

You, the Directors/Partners/Officers:

- confirm you are currently residing in New Zealand
- consent to receiving information about your investment in the Scheme (including personalised annual account and tax statements) from the Manager and other companies in the MAS Group and their authorised agents electronically, including by email and through accessing a website or portal provided by the Manager or its authorised agent
- acknowledge that the value of your investment can move up and down over time
- acknowledge that you understand that the Manager may act on valid instructions provided by the person(s) named in Section 4 Authority to Act (if any)
- acknowledge that none of the Manager, the Supervisor nor any member of the MAS Group or any other person guarantees the performance or returns of the Scheme or the repayment of any capital. Your investment is subject to investment and other risks, including possible delays in withdrawal payments and loss of income or principal invested



- acknowledge that: (i) choosing fund in the Scheme is solely your responsibility and none of the Manager, the Supervisor, nor any member of the MAS Group is to be regarded as representing or implying that any particular fund is appropriate for your personal circumstances; (ii) the PDS does not give financial advice and if you are unsure about choosing fund you can seek advice from a MAS Adviser; (iii) you can change your fund at any time
- agree to the Manager sending you confirmation information by providing you with either (i) a statement every six months and/or (ii) the ability to access the information at any time on the MAS Investor Portal
- acknowledge that in joining the Scheme, if you are not already a MAS Member and you meet the eligibility criteria, by taking out a MAS product you will become one. MAS is a mutual society, owned by its Members and you can find out more about MAS at [mas.co.nz](https://mas.co.nz)
- confirm you have read and understand the Privacy Statement below and how the Manager and the MAS Group collect, store, use and disclose your personal information.

### Privacy Statement

You understand that:

- the Manager and the MAS Group collect, store, use, and disclose your personal information in accordance with the MAS Privacy Statement available at [mas.co.nz/privacy-statement](https://mas.co.nz/privacy-statement) for purposes relating to the administration, operation, management and marketing of the Scheme and accordingly they may:
  - use your information and disclose it to each other, the Supervisor, the Scheme administrator, the Financial Markets Authority, Inland Revenue, and any other person or entity where it is relevant to do so for the purposes set out above;
  - disclose your information to your MAS Adviser
- in accordance with the provisions of the Privacy Act 2020, you can access or correct your personal information by contacting the Manager at [mas.co.nz/contact/general-enquiries](https://mas.co.nz/contact/general-enquiries). Any update to your information may be used to update the information held about you by any member of the MAS Group
- your personal information may also be used by the Manager and the MAS Group to keep you informed about other financial opportunities, products and services of the Manager or of any MAS Group company, including by email, by text message or by any other electronic means. You can unsubscribe at any time using the unsubscribe facility in the relevant communication.

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## 7. Signatures

**All authorised person(s) associated with this entity must sign this section. A minimum of two directors of a corporate trustee must sign this form.**

We confirm that we have read and accept the Terms and Conditions set out in section 6.

Director / Partner / Officer - 1	Signature
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Date	dd-mm-yyyy	
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Director / Partner / Officer - 2	Signature
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Date	dd-mm-yyyy	
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Director / Partner / Officer - 3	Signature
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Date	dd-mm-yyyy	
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Director / Partner / Officer - 4	Signature
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Date	dd-mm-yyyy	
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## 8. Identification Requirements

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires MAS, on behalf of the Manager, to verify the identity of new investors and, periodically, reconfirm information about existing investors.

The identity verification options are below:

### Option One: Electronic Identity Verification and Proof of Address

MAS can confirm the identity and/or New Zealand address of many of our investors electronically, with their permission. Please note that we use a third-party system not owned by MAS to conduct identity checks in this way.

- I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.
- I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver License (front and back).

Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option Two below.

OR

### Option Two: Certified copies of identity and address documents

If you have opted not to use Electronic Identity Verification, then you will need to provide certified copies of the following documentation:

Please provide us firstly with either:

- A certified copy of your current passport (page showing your name, date of birth, photo, and signature); or
- A certified copy of your New Zealand driver licence showing your name, signature and expiry date along with one of: certified copy of a bank statement issued to you by a registered NZ bank (dated within the last 12 months); valid credit or debit card with name embossed and signature; birth certificate; citizenship certificate; Government agency letter (e.g. Inland Revenue, Electoral Commission, etc.) dated within the last 12 months; SuperGold card with photo, name and signature; or
- A certified copy of your New Zealand firearms licence.

And secondly one of the following showing your name and residential address (which can't be more than 12 months old):

- A certified copy of a utility bill (power, gas, water, landline phone, SKY, or internet service); or
- A certified copy of a document issued to you by a NZ Government agency (e.g. Inland Revenue, ACC, Ministry of Justice NZQA, or Work and Income New Zealand); or
- A certified copy of a NZ council rates notice/valuation, or a certified copy of a residential rental agreement.

### Who can certify your documents?

A MAS employee can verify your ID and proof of address. Alternatively, the following people can certify photocopies of original documents:

- Registered medical doctor
- Notary Public
- Justice of the Peace
- New Zealand Police Officer
- New Zealand lawyer
- New Zealand Chartered Accountant
- A person who has legal authority to take statutory declarations (or equivalent) in New Zealand.
- Kaumātua (as verified through a reputable source)
- Minister of religion
- Registered teacher

**The certifier must:**

- See the original document and make a statement to the effect that the documents provided are true and correct copies and confirm the identity of the named individual;
- State their full name and their capacity to act as a certifier; and
- Date the certification (no more than three months prior to the date of the application).

The certifier cannot be related to you or a person living at the same address, or a party to the application. When certification occurs overseas, copies of the required documentation must be certified by a person authorised by law to take statutory declarations.

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## 9. Checklist

Make sure you send us everything listed below, as we can't consider your request without the following:

Completed application signed by all authorised persons associated with the entity

Certificate of Incorporation and constitution (for companies)

Constitution, rules, and any amendments (for incorporated societies)

Partnership agreement if one has been created (for partnerships)

Your nominated bank account in the name of the entity (and proof of bank account as applicable)

Evidence of identity and address (as applicable for the option you have selected under section 3) for all of the following authorised persons:

- All directors / partners or general partners
- All officers (for incorporated and unincorporated entities)
- Any individual owning more than 25% of the shares or has more than 25% of the voting rights
- Individuals with effective control of a trading company, such as a CEO or CFO
- Any person who has been given the authority to act (this includes any person authorised to carry out transactions or other activities on the company's behalf). This includes persons who have authority to act on behalf the company, for example, an accountant or persons able to transact on the business account.
- Nominee directors, partners, or shareholders

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## What happens next

- Please send your application to us using the contact details provided on the front of this form.
- If we need any further documents, we will contact you.
- Once we have received and accepted a correctly completed application form, we will begin processing it.
- We aim to complete processing your application within 5 business days.

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## Notes