



MAS, FREEPOST 884,
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Important information

It is a requirement of the Anti-Money and Countering Financing of Terrorism Act 2009 and MAS's own compliance procedures that all Members are formally identified.

- The purpose of this form is to capture information specific to trusts and their trustees.
- Individuals who are trustees must also complete a separate Individual Identity Verification Form.

Details

Full legal name of trust

Physical address of the trust

City

Postcode

Postal address of the trust

City

Postcode

Is the trust a charitable trust?

Yes*

No

**If yes, please provide a description as to the objects of the trust.*

Copy of the trust deed attached?

Declaration

Each of you (as named below) certifies to MAS (us or we) that all information provided in this statement is true and correct, and that:

- the trust is properly constituted by a trust deed (trust deed) that is in full force and effect;
- you are the only trustees of the trust and you have each been duly appointed;
- every time you open an account with us, you have the power to open an account that each transaction conducted through that account is, or will be, in accordance with the trust deed and the Trustee Act 1956;
- when documents are listed in the schedule to this certificate, you have the power under the version of the trust deed and the Trustee Act 1956 to enter into those documents and conduct the transactions contemplated by them;
- any document or transaction may be relied on by us as being properly executed and/or authorised in accordance with the trust deed and the Trustee Act 1956, if it is executed and/or authorised by (tick applicable option):
any of you alone; or
any two of you together.
- you will advise us immediately in writing of any change or amendments to either the trustees of the trust or (if such change would render incorrect any statement made in this certificate) the trust deed and you will provide us with a copy of the trust deed on request;
- you agree that you are jointly and severally personally liable to us if any of the above statements are incorrect, and you agree to irrevocably indemnify us against any loss we may suffer, and any expenses (including legal expenses) or other liabilities we may incur, of any nature, in connection with us relying on the statements you have made in this certificate; and
- you have read and are familiar with the trust deed and any amendments if applicable.

Trustees

¹Each trustee (you) must complete the details below.

²Trustee one

Title First name(s)

Surname Member number

On behalf of (if applicable)

Signature Date

²Trustee two

Title First name(s)

Surname Member number

On behalf of (if applicable)

Signature Date

Trustees (cont.)

²Trustee three

| | | | |
|------------------------------|---------------|---------------|------------|
| Title | First name(s) | | |
| Surname | | Member number | |
| On behalf of (if applicable) | | | |
| Signature | | Date | dd-mm-yyyy |

²Trustee four

| | | | |
|------------------------------|---------------|---------------|------------|
| Title | First name(s) | | |
| Surname | | Member number | |
| On behalf of (if applicable) | | | |
| Signature | | Date | dd-mm-yyyy |

²Trustee five

| | | | |
|------------------------------|---------------|---------------|------------|
| Title | First name(s) | | |
| Surname | | Member number | |
| On behalf of (if applicable) | | | |
| Signature | | Date | dd-mm-yyyy |

²Trustee six

| | | | |
|------------------------------|---------------|---------------|------------|
| Title | First name(s) | | |
| Surname | | Member number | |
| On behalf of (if applicable) | | | |
| Signature | | Date | dd-mm-yyyy |

¹Each trustee must complete the Identity Verification Form: Individuals.

²If you are acting as Power of Attorney (POA) please attach the POA form.

Funds/wealth

Please provide details of the trust's source of funds/wealth. This should include details of:

- The name(s) of the trust's settlor(s);
- The origins of the settlor(s) wealth (e.g. *inheritance, accumulated business earnings, proceeds of property sale, etc.*);
- The source(s) of any income that the trust is receiving (e.g. *income from underlying business activities, investment income, contributions from family members, etc.*).

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Please provide details of the nature and purpose of the relationship that the trust will have with MAS (e.g. *borrowing for property investment, holding term investments, etc.*).

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Beneficiaries

If the trust is a discretionary trust, please provide a description of each class or type of beneficiaries (e.g. *'the children of...'*).

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Beneficiaries (cont.)

If the trust is a non-discretionary trust, please provide the names and date of birth of each beneficiary:

| | | | |
|-----------|--|---------------|------------|
| Full name | | Date of birth | dd-mm-yyyy |
| Full name | | Date of birth | dd-mm-yyyy |
| Full name | | Date of birth | dd-mm-yyyy |
| Full name | | Date of birth | dd-mm-yyyy |
| Full name | | Date of birth | dd-mm-yyyy |
| Full name | | Date of birth | dd-mm-yyyy |
| Full name | | Date of birth | dd-mm-yyyy |
| Full name | | Date of birth | dd-mm-yyyy |
| Full name | | Date of birth | dd-mm-yyyy |

If a professional or independent trustee company is a trustee of the trust

Is there any individual associated with the trustee company that has any of the following powers in regards to the trust?

- Have the authority to transact on the trust's account Yes* No
- Appoint or dismiss trustees and/or beneficiaries
- Amend the trust deed
- Control over any of the assets of the trust
- Power to make investment decisions

If yes, the individual(s) empowered to do so for the trustee company **must be specifically named below and each individual **must** complete the Identity Verification Form: Individuals.*

| | |
|--------------|--|
| Individual 1 | |
| Individual 2 | |
| Individual 3 | |
| Individual 4 | |

Additional information

Is there any other individual (*not a trustee nor associated with the trustee company*) that has **any** of the following powers in regards to the trust?

- Have the authority to transact on the trust's account Yes* No
- Appoint or dismiss trustees and/or beneficiaries
- Amend the trust deed
- Control over any of the assets of the trust
- Power to make investment decisions

If yes, the individual(s) empowered to do so for the trustee company **must be specifically named below and each individual **must** complete the Identity Verification Form: Individuals.*

| | |
|--------------|--|
| Individual 1 | |
| Individual 2 | |
| Individual 3 | |
| Individual 4 | |

Call us today:
0800 800 627
Visit us online at mas.co.nz

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sustainably managed forests.*

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