Octagon Investment Funds Product Disclosure Statement

Offer of units in the Octagon Investment Funds

Date: 23 July 2024

Investment Manager: Octagon Asset Management Limited

Issuer: Forsyth Barr Investment Management Limited

This document replaces the product disclosure statement dated 4 October 2023.

This document gives you important information about this investment to help you decide whether you want to invest. There is other useful information about this offer on www.companiesoffice.govt.nz/disclose.

Forsyth Barr Investment Management Limited has prepared this document in accordance with the Financial Markets Conduct Act 2013. You can also seek advice from a financial advice provider to help you make an investment decision.





1: Key information summary

What is this?

This is a managed investment scheme. Your money will be pooled with other investors' money and invested in various investments. Forsyth Barr Investment Management Limited will invest your money and charge you a fee for its services. The returns you receive are dependent on the investment decisions of Forsyth Barr Investment Management Limited and its investment manager, and the performance of the investments. The value of those investments may go up or down. The types of investments and the fees you will be charged are described in this document.

What will your money be invested in?

With the Octagon Investment Funds you can choose to invest in any combination of the nine funds offered in this product disclosure statement (**PDS**).

These investment options are summarised on the next page. For more information about the investment target and strategy for each investment option see **section 3 'Description of your investment options'**.

The tables on the next page and in section 3 include **risk indicators.**

See section 4 'What are the risks of investing?' for an explanation of the risk indicator and for information about other risks that are not included in the risk indicator. To help you clarify your own attitude to risk, you can seek financial advice or work out your own risk profile at www.sorted.org. nz/tools/investor-profiler/.

Who manages the Octagon Investment Funds?

Forsyth Barr Investment Management Limited (referred to as "**we**" or "**us**" in this PDS) manages the Octagon Investment Funds. We've appointed Octagon Asset Management Limited (**Octagon**) as the investment manager. For more information see **section 7** '**Who is involved**?'.

What are the returns?

The return on your investment comes from:

any increase or decrease in the funds' unit price, and

any distributions made from the funds.

Only the Income Fund pays distributions, which we aim to pay quarterly. We decide the level of income (and, if applicable, capital) to be distributed for each distribution period.

See Section 2 "How does this investment work?" for more information.

How can you get your money out?

Your investment in the funds is redeemable. You can request a withdrawal any time. Withdrawal requests are processed each business day. See **section 2**, '**How does this investment work?**', for information about how to make a withdrawal request. Also, as discussed in that section, in certain circumstances we can suspend, defer or partially restrict withdrawals.

Your investment in the Octagon Investment Funds can be sold, but there is no established market for trading these financial products. This means that you may not be able to find a buyer for your investment.

How will your investment be taxed?

Each of the funds is a multi-rate Portfolio Investment Entity (**PIE**).

The amount of tax you pay in respect of a PIE is based on your prescribed investor rate (**PIR**). This can be 0%, 10.5%, 17.5% or 28%. See **section 6** of the PDS **'What taxes will you pay?'** for more information.

Where can you find more key information?

We're required to publish quarterly updates for each fund. The updates show the returns, and the total fees actually charged to investors, during the previous year. The latest fund updates are available at www.octagonasset.co.nz/ quarterly-fund-updates. We'll also give you copies of those documents on request.

Our Funds

 Enhanced
Cash Fund
 Invests in cash, cash equivalents and short-term New Zealand fixed interest assets. Aims to achieve returns (before fees, taxes and other expenses) greater than the Official Cash Rate (OCR) over a rolling 12 month period.

 RISK INDICATOR
 LOWER RISK

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This fund started on 7 June 2023. We've calculated the risk indicator using market index returns data for periods before that date, and actual fund returns data for the remainder of the five year period to 30 June 2024. Using market index return data may make the risk indicator a less reliable indicator of how much fund values might go up and down in the future. Invests mostly in New Zealand shares, and can invest in Australian listed shares, where the company has meaningful **New Zealand Equities** operations in New Zealand. Aims to achieve long-term returns (before fees, taxes and other expenses) greater than the Fund S&P/NZX50 Gross with Imputation Index. **RISK INDICATOR** I OWER RISK HIGHER RISK ANNUAL FUND CHARGES* 1.15% Invests mostly in Australian shares, and can invest in New Zealand listed shares, where the company has meaningful **Australian Equities** operations in Australia. Aims to achieve long-term returns (before fees, taxes and other expenses) greater than the S&P/ Fund ASX 200 Accumulation Index, 50% hedged to the New Zealand dollar. **RISK INDICATOR** HIGHER RISK **ANNUAL FUND CHARGES*** 1.15% 5) (2) (3) 4 6 (7 1) Mostly invests in listed financial products issued by entities whose principal business involves the owning or managing Listed Property Fund of property, property-like assets or real assets. Aims to achieve long-term returns (before fees, taxes and other expenses) greater than the S&P/NZX All Real Estate Gross with Imputation Index. **RISK INDICATOR** LOWER RISK **ANNUAL FUND CHARGES*** 1.15% (2) (3) 4 Invests in international shares. Aims to achieve long-term returns (before fees, taxes and other expenses) greater than the **Global Equities Fund** MSCI ACWI Net Total Return Index, 50% hedged to the New Zealand dollar. **RISK INDICATOR** LOWER RISK HIGHER RISK ANNUAL FUND CHARGES* 1.35% 6)(7) 1)(2)(3)Invests in New Zealand fixed interest assets. Aims to achieve long-term returns (before fees, taxes and other expenses) New Zealand Fixed greater than the Bloomberg NZBond Composite 0+ Yr Index. **Interest Fund** RISK INDICATOR OWED DICK ANNUAL FUND CHARGES* 0.75% 5) (6)(7)1) (2) 4 Potentially Lower Returns **Income Fund** Invests across multiple asset classes. Investors can expect moderate to high levels of movement up and down in value. Aims to pay distributions, and achieve long term returns inclusive of distributions (before fees, taxes and other expenses) greater than a composite benchmark.** **RISK INDICATOR**** LOWER RISK HIGHER RISK **ANNUAL FUND CHARGES*** 0.75% Invests across multiple asset classes. Investors can expect moderate to high levels of movement up and down in value. **Balanced Fund** Aims to achieve long-term returns (before fees, taxes and other expenses) greater than a composite benchmark.*** **RISK INDICATOR** ANNUAL FUND CHARGES*** 1.15% 1)(2) (3)(5)(6)4 **Growth Fund** Invests across multiple asset classes, selecting a lesser exposure to cash and fixed interest investments and a greater exposure to equity and property investments. Investors can expect high levels of movement up and down in value. Aims to achieve long-term returns (before fees, taxes and other expenses) greater than a composite benchmark.*** **RISK INDICATOR**** HIGHER RISK ANNUAL FUND CHARGES* 1.25% 2 3

* Exclusive of GST. Annual fund charges are expressed as a percentage of the value of your investment (estimated where the fund invests in an external managed investment scheme). Also, when market conditions are more volatile than usual, a buy or sell spread may be applied when you purchase or redeem units or switch between funds. See section 5 'What are the fees?' for more information.
**These funds started on 11 December 2020. We've calculated the risk indicator using market index returns data for periods before that date, and actual fund returns data for the remainder of the year period to 30 June 2024. Using market index return data may make the risk indicator a less reliable indicator of how much fund values might go up and down in the future.
*** For more information about the composite benchmark for each of these funds see section 3 'Description of your investment options'.

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2: How does this investment work?

Each Octagon Investment Fund is set up as a trust, with its own investment objectives and permitted investments. Each fund has its own assets and liabilities, and assets of one fund can't be used by another fund.

You can invest in the Octagon Investment Funds either directly with us, or indirectly through selected investment platforms. If you invest with us directly you'll receive units in the funds you have chosen. If you invest with us through an investment platform, the platform's custodian will hold units in the funds on your behalf, and all your dealings in relation to the funds will be with the investment platform. When you withdraw money from a fund you (or a platform's custodian on your behalf) redeem units.

Each unit in a fund is the same as any other unit in that fund, and represents an interest in the net assets of that fund. Units are valued on each business day. The number of units you (or a platform's custodian on your behalf) receive or redeem will depend on the unit value at the relevant time.

We calculate the value of units in a fund by taking the total value of the fund's assets less liabilities (including any accrued fees or charges), and dividing it by the number of units that have been issued to investors. Unit values will go up and down over time as the value of the investments that make up the fund changes.

Key benefits

The key benefits to you from investing in Octagon Investment Funds are:

You can choose from a range of investment options - singleasset class and multi-asset class funds:

- Single-asset class funds invest in a collection of assets that have similar characteristics – for example, the New Zealand Equities Fund; and
- Multi-asset class funds invest in a variety of assets chosen to meet a particular investment approach – for example, the Income Fund;

Each fund gives you access to a portfolio of investments selected by Octagon's team of investment professionals who actively monitor and manage the investments;

You can make a lump sum investment at any time, or establish a regular contribution plan; and

You can switch between funds.

Responsible investment Policy

Octagon applies a limited exclusion policy and otherwise takes ESG factors into account as part of its overall analysis supporting its investment decisions. However, other than in relation to exclusions, ESG factors may not be determinative of its investment decisions, and Octagon Investment Funds may include investments that have less favourable ESG ratings.

For more information see our Responsible Investment Policy in our Statement of Investment Policies and Objectives (SIPO) on our website (www.octagonasset. co.nz) or on the Disclose Register (www.disclose-register. companiesoffice.govt.nz).

Distributions

Other than the Income Fund, the funds don't pay distributions. The Income Fund aims to pay distributions in April, July, October and January. When determining the amount of distribution we can elect to pay any portion of the income the fund has received, pay a portion of capital as a distribution, or, make no distribution payment for the quarter. You can elect to have any distributions re-invested in the fund or paid into your bank account (if you invest directly with us). If you're investing in the funds through an investment platform, this election and any distribution you receive will be done through the platform.

For further information on the payment dates and the amount of distributions refer to www.octagonasset. co.nz/our-funds/income-fund. For more information on distributions, please see the 'Other Material Information' document at www.octagonasset.co.nz/our-funds.

Making investments

You can choose to invest in one fund, or a combination of funds.

There is currently no minimum initial investment amount or minimum additional lump sum investment when investing with us directly. If you're investing with us through an investment platform, minimum investment amounts may apply.

If you're investing with us directly, you can apply for units in any fund by sending us a completed application form (or, as available, a verified instruction through an Octagon online facility), or with payment by direct credit or direct debit. Your investment is made by the purchase of units in the fund(s) you select. If you're investing in funds through an investment platform, you'll apply for units in the funds in accordance with the terms and conditions of the platform provider.

If we receive your application, or an application from a platform on your behalf, and payment before 5pm on a business day, the application will be processed based on the unit values for that day. If we receive the application and payment at or after 5pm on a business day (or we receive it on a day that is not a business day), the application will be processed based on the unit values for the next business day. We can decide not to accept an application for units. If that happens we'll let you know.

You can find more information about how to make an investment in the funds in section 10 'How to apply'.

Withdrawing your investments

You may apply to withdraw your money from the funds at any time. If you've invested with us directly, you can make a withdrawal request by sending us a notice (including, as available, a verified instruction through an Octagon online facility) which specifies the amount to be withdrawn from the fund(s) that you're invested in. If you've invested in the funds through an investment platform, you can only withdraw your money through the platform and in accordance with the terms and conditions of the platform provider. If we receive your withdrawal notice, or a withdrawal notice from a platform, before 5pm on a business day, the withdrawal will be processed based on the unit values for that day. If we receive your withdrawal notice, or a withdrawal notice from a platform, at or after 5pm on a business day (or we receive it on a day that is not a business day) your withdrawal will be processed based on the unit values for the next business day. You may also need to pay PIE tax when you make a withdrawal. If so we'll deduct that when we process your withdrawal.

If you've invested with us directly you can make a lump sum withdrawal, or set up a regular withdrawal facility. Currently, no minimum amounts apply to those withdrawals. Contact us to make a withdrawal.

How to switch between funds

You can switch your investments between different funds at any time. A switch notice, once given, cannot be taken back. When you make a switch we treat it as a withdrawal from the fund that you wish to exit, and an application to buy units in the new fund that you've decided to invest in. As a result, you may need to pay PIE tax when your withdrawal is processed and buy/sell spreads may apply.

If you've invested with us directly, contact us to switch existing investments. If you've invested in the funds through an investment platform, you can only switch investments between different funds through the platform, and in accordance with the terms and conditions of the platform provider.

Deferring or suspending withdrawals and switches

We can defer processing a withdrawal or switching notice for up to five business days if we need to sell investments to meet the payment out of the fund you're withdrawing from. We can also defer processing a switch if you already have another switch being processed. The applicable unit values will be those for the day we process the notice.

We may suspend withdrawals from and switches out of a fund if we decide to close the fund, or in any other circumstance where we believe accepting withdrawals would not be workable or would prejudice investors in a particular fund or investors in the funds generally (for example, if trading was suspended on a relevant exchange, or we received a large volume of withdrawal requests around the same time for the same fund). A suspension can last up to 90 days, and may be extended with the consent of the Supervisor. If withdrawals are suspended for a fund, we'll let anyone who submits a withdrawal notice know that it will not be processed until the suspension is lifted.

With the Supervisor's consent, we may separate out ("side-pocket") some of a fund's investments, if we believe that it's in the best interests of the investors in the fund to do that (for example, if some of the fund's investments become illiquid). Usually, this will mean that a new class of units will be created, representing investors' interests in the "side-pocketed" investments. Units in this new class will be allocated to the fund's investors, but you won't be able to withdraw or switch them. If this happens we'll let you know.

Description of your investment options 3:

Enhanced Cash Fund

Investment objective: To achieve returns (before fees, taxes and other expenses) greater than the Official Cash Rate (OCR) over a rolling 12 month period.

These investments typically have very low movement up and down in value.

TARGET INVESTMENT MIX:



* This fund started on 7 June 2023. We've calculated the risk indicator using market index returns data for periods before that date, and actual fund returns data for the remainder of the five year period to 30 June 2024. Using market index return data may make the risk indicator a less reliable indicator of how much fund values might go up and down in the future.

New Zealand Equities Fund

Investment objective: To achieve long-term returns (before fees, taxes and other expenses) greater than the S&P/NZX50 Gross with Imputation Index.

These investments typically have high levels of movement up and down in value.

TARGET INVESTMENT MIX:



Australian Equities Fund

Investment objective: To achieve long-term returns (before fees, taxes and other expenses) greater than the S&P/ASX 200 Accumulation Index, 50% hedged to the New Zealand dollar.

5%

0%

0%

85%

0%

10%

These investments typically have very high levels of movement up and down in value.

TARGET INVESTMENT MIX:

We aim to invest in...

- Cash and cash equivalents
- New Zealand fixed interest
- International fixed interest
- Australasian equities
- International equities
- Listed property

RISK INDICATOR:



MINIMUM SUGGESTED INVESTMENT TIMEFRAME: Five years

RISK INDICATOR:

RISK INDICATOR:*

Listed Property Fund

Investment objective: To achieve long-term returns (before fees, taxes and other expenses) greater than the S&P/NZX All Real Estate Gross with Imputation Index.

5% 0%

0%

20%

70%

5%

These investments typically have high levels of movement up and down in value.

TARGET INVESTMENT MIX:



- Cash and cash equivalentsNew Zealand fixed interest
- International fixed interest
- Australasian equities
- International equities
- Listed property

RISK INDICATOR:



Global Equities Fund

Investment objective: To achieve long-term returns (before fees, taxes and other expenses) greater than MSCI ACWI Net Total Return Index, 50% hedged to the New Zealand dollar.

These investments typically have high levels of movement up and down in value.

TARGET INVESTMENT MIX:



New Zealand Fixed Interest Fund

Investment objective: To achieve long-term returns (before fees, taxes and other expenses) greater than the Bloomberg NZBond Composite 0+ Yr Index.

0%

0%

0%

These investments typically have low to moderate levels of movement up and down in value.

TARGET INVESTMENT MIX:



We aim to invest in...

- Cash and cash equivalents 5%
- New Zealand fixed interest 95%
- International fixed interest 0%
- Australasian equities
- International equities
- Listed property

RISK INDICATOR:

RISK INDICATOR:



MINIMUM SUGGESTED INVESTMENT TIMEFRAME: Three years

Income Fund

Investment objective: To pay distributions, and achieve long term returns inclusive of any distributions (before fees, taxes and other expenses) greater than a composite benchmark relating to the target investment mix.***

Investors can expect moderate to high levels of movement up and down in value.

TARGET INVESTMENT MIX:

RISK INDICATOR:**

RISK INDICATOR:**

RISK INDICATOR:**



Balanced Fund

Investment objective: To achieve long-term returns (before fees, taxes and other expenses) greater than a composite benchmark relating to the target investment mix.***

Investors can expect moderate to high levels of movement up and down in value.

TARGET INVESTMENT MIX:



Growth Fund

Investment objective: To achieve long-term returns (before fees, taxes and other expenses) greater than a composite benchmark relating to the target investment mix.***

Investors can expect high levels of movement up and down in value.

TARGET INVESTMENT MIX:



** These funds started on 11 December 2020. We've calculated the risk indicator using market index returns data for periods before that date, and actual fund returns data for the remainder of the five year period to 30 June 2024. Using market index return data may make the risk indicator a less reliable indicator of how much fund values might go up and down in the future.

*** The composite benchmark for each multi-asset class fund is a made up of the single asset class benchmarks weighted by the target asset allocation for the asset class. The single asset class benchmarks are the same as the benchmarks for our single asset class funds, and the benchmark for international fixed interest is the Bloomberg Global Aggregate Total Return Index 100% hedged to the New Zealand Dollar.

We review the Statement of Investment Policies and Objectives (**SIPO**) for the funds annually, and also if market conditions or events mean that we need to. Our review looks at the type of investments that can be made by the funds and any limits on those. We do not need to give you notice of any changes, but we'll discuss them with the Supervisor. You can find the latest SIPO at www.octagonasset.co.nz/our-funds/, and material changes to the SIPO made during each year will be described in the funds' annual report.

Further information about the assets in each of the funds can be found in the fund updates at www.octagonasset.co.nz/quarterly-fund-updates.

4: What are the risks of investing?

Understanding the risk indicator

Managed funds in New Zealand must have a standard risk indicator. The risk indicator is designed to help investors understand the uncertainties both for loss and growth that may affect their investment. You can compare funds using the risk indicator. Below is an example of a risk indicator:



See section 3 **'Description of your investment options'** for the risk indicators that have been calculated for the funds.

The risk indicator is rated from 1 (low) to 7 (high). The rating reflects how much the value of the relevant fund's assets goes up and down (volatility). A higher risk generally means higher potential returns over time, but more ups and downs along the way. To help you clarify your own attitude to risk, you can seek financial advice or work out your risk profile at www.sorted.org.nz/tools/investor-profiler/.

Note that even the lowest category does not mean a riskfree investment, and there may be other risks that are not captured by this rating.

This risk indicator is not a guarantee of a fund's future performance. The risk indicator is based on the returns data for the five years to 30 June 2024. While risk indicators are usually relatively stable, they do shift from time to time. You can see the most recent risk indicator in the latest fund update for the relevant fund.

General investment risks

Some of the things that may cause a fund's value to move up and down, which affect the risk indicator are: investment return risk, currency risk, liquidity risk, and investment manager risk:

Investment return risk

Investment return risk is the risk of negative or lower than expected returns on your investments. All investments carry some risk, and events affecting investments cannot always be foreseen. This may mean you get back less from your investment in the Octagon Investment Funds than you hoped for. You might not receive back the full amount you invested in the funds.

Investment return risk comes from various sources, and is different for different asset classes. The following list describes the main investment return risks for the different asset classes. Some of these are 'market' risks - the risk that the value of investments made by the funds are affected by developments in market sentiment, inflation, interest rates, employment, or regulatory and political conditions. Others are 'company' risks - risks that are specific to an investment in a particular business or entity.

CASH AND CASH EQUIVALENTS

The borrower does not pay the interest or repay the principal amount of the debt. Inflation may also erode its value.

FIXED INTEREST

The borrower does not pay the interest or repay the principal amount of the debt. Also, the market value of fixed interest investments will generally fall if market interest rates rise, or the creditworthiness of the issuer declines. Fixed interest investments are typically more risky than cash and cash equivalents.

EQUITIES (SHARES) AND PROPERTY

The risks of equity and listed property investments are similar. They include the risk that if the entity's business performs poorly the value of the investment may fall, and there may be no profits to distribute to investors. The value of the investment may be affected by general market movements as well as issues specific to the entity. Equity and listed property investments are typically more risky than cash and fixed interest investments.

We manage investment return risk by diversifying our investments, and only making investments that are consistent with the fund's investment strategy.

Currency risk

This is the risk that movements in foreign exchange rates affect the New Zealand dollar value of offshore investments made by the funds. We can manage this risk by holding New Zealand dollar cash and by using foreign exchange hedging (this is where we enter into a financial contract aimed at protecting the fund against changes in foreign exchange rates), and by investing with external managers that can use foreign exchange hedging.

Liquidity risk

This is the risk that an investment made by a fund may not be able to be sold at the required time, due to a lack of a liquid market for that security. This may result in the investment being sold for less than its fair value, buy/sell spreads for the fund being introduced or increased, or a fund suspending or deferring withdrawals, or "sidepocketing" assets (because it cannot sell its investments). We manage this risk by maintaining some cash in the funds, and by choosing investments which we think can be sold within a reasonable time.

Investment Manager risk

This is the risk that Octagon or an external investment manager we select makes poor investment decisions. We manage this risk by having a thorough selection process for appointing investment managers or investing into other funds, and monitoring their investment performance.

Other specific risks

Other circumstances that can significantly increase the risk to returns for investors and that may not be reflected in the risk indicator include:

ESG RELATED RISKS

Taking environmental, social and governance (ESG) factors into account adds additional costs which may reduce returns. Taking into account ESG factors may also limit investment choices which may constrain investment returns. However, not taking ESG factors into account may also impact returns. There are also different risks, costs, and outcomes involved with different approaches to incorporating (or not incorporating) ESG factors. There is also a risk that the approach or criteria applied by a fund manager may not align with your preferences.

DISTRIBUTION RISK

Distribution risk is that a fund that intends to make regular distributions is unable to do so or makes distribution payments that are lower than expected. This could occur if the fund receives less income than expected or for any other reason where the manager determines that it is not appropriate to pay a distribution or that it is appropriate to pay a reduced distribution, when compared to previous distributions. The Income Fund is the only one of our funds that makes distributions. We manage distribution risk for that fund by preferring investments that pay income and by including a portion of capital in distribution payments, where we think it is suitable to do so, in order to make regular distributions.

For more information about the risks of investing, please see the 'Other Material Information' document, which is available at www.octagonasset.co.nz/our-funds/.

5: What are the fees?

You'll be charged fees for investing in the funds. Fees are deducted from your investment and reduce your returns. If we invest in other managed investment schemes, they may also charge fees. The fees you pay will be charged in two ways:

Regular charges (for example, annual fund charges). Small differences in these fees can have a big impact on your investment over the long term

One-off fees (currently none)

All fees and charges are quoted exclusive of GST.

Annual fund charges

| Annual fund charges | (% p.a. of the | | | | | | | |
|--------------------------------|----------------|--|--|--|--|--|--|--|
| Fund value of your investment | | | | | | | | |
| ENHANCED CASH FUND | 0.35% | | | | | | | |
| NEW ZEALAND EQUITIES FUND | 1.15% | | | | | | | |
| AUSTRALIAN EQUITIES FUND | 1.15% | | | | | | | |
| LISTED PROPERTY FUND | 1.15% | | | | | | | |
| GLOBAL EQUITIES FUND | 1.35% | | | | | | | |
| NEW ZEALAND FIXED INTEREST FUN | ID 0.75% | | | | | | | |
| INCOME FUND | 0.75% | | | | | | | |
| BALANCED FUND | 1.15% | | | | | | | |
| GROWTH FUND | 1.25% | | | | | | | |

The annual fund charge is calculated daily for each fund and reflected in the value of your investment. It covers management and administration charges paid to us out of the fund for performing our functions as manager. It also covers the scheme's expenses (including fees charged by the Supervisor), fees charged by the scheme's investment manager, and any amounts paid to financial advice providers or investment platforms who distribute the funds. Different distribution channels (i.e. investing directly, investing through a financial advice provider, or through an investment platform) each have different pros and cons associated with them which provide value to investors in different ways. More information about those pros and cons can be found in the 'Other Material Information' document which is available at www.octagonasset.co.nz/our-funds/.

We may rebate all or part of our fee, either generally or for certain unit holders.

The annual fund charge also covers management and administration charges paid out of any other managed investment scheme that the fund invests into (including a scheme where we are the manager). We have to estimate these charges if we're not the manager of that other scheme and the charges are not based on fixed percentages of net asset value. In that case, the fund charge as a whole will be estimated, but we'll adjust the portion of the fund charge that is paid to us so that the estimated total annual fund charge is the same as shown in the previous table.

The actual amounts incurred may vary from our estimates. More information on how we estimate these charges can be found in the 'Other Material Information' document which is available at www.octagonasset.co.nz/our-funds/.

Buy/sell spreads

When market conditions are more volatile than usual, we may, at our discretion, apply buy/sell spreads. A buy spread is added to the unit price when units are purchased, and a sell spread is deducted from the unit price when units are redeemed. Buy/sell spreads are not a fee paid to us or any investment manager, but are a cost retained by the relevant fund to cover higher than usual transaction costs due to market conditions that arise from each investor's application, withdrawal or switch. If we judge market conditions to be normal, there will generally not be any buy/sell spreads.

The purpose of buy/sell spreads is to make sure that these transaction costs are borne by the investor making the application, withdrawal or switch, and not other investors in the fund.

The buy/sell spreads applicable at any time will be published on our website at www.octagonasset.co.nz/how-we-invest/ buy-sell-spreads. We may apply or change the buy/sell spreads at any time without notice to investors.

Other fees

If you invest with us through an investment platform, the platform may charge additional fees.

There are no other individual action fees currently payable to the funds.

Examples of how fees apply to an investor

Kim invests \$10,000 in the New Zealand Equities Fund. At the time Kim invests, there is no buy spread applicable.

She is charged annual fund charges of \$115 (1.15% of \$10,000). These fees might be more or less if her account balance has increased or decreased over the year.

Estimated total fees for the first year

Fund charges \$115

See the latest fund update at: www.octagonasset.co.nz/ quarterly-fund-updates for an example of the actual returns and fees investors were charged over the past year.

This example applies only to the New Zealand Equities Fund. If you're considering investing in other funds in the scheme, this example may not be representative of the actual fees you may be charged.

The fees can be changed

The existing fees may change, new fees may be introduced or we may start charging a fee we're not currently charging. Subject to the trust deed governing the Funds, we may:

Rebate or reduce any charge, in respect of any investor or group of investors - for example, we may rebate part of our management fee.

Vary the amount or calculation basis of any of the fees for example, we may increase our management fee for a fund to any amount up to 2% p.a. of the net asset value of the fund.

Start charging fees that we don't currently charge - for example, we may charge an entry and/or exit fee of up to 5% of the amount withdrawn.

We must publish a fund update for each fund showing the fees actually charged during the most recent year. Fund updates, including past updates, are available at www.octagonasset.co.nz/quarterly-fund-updates.

6: What taxes will you pay?

Each of the funds of the Octagon Investment Funds is a portfolio investment entity. The amount of tax you pay is based on your prescribed investor rate (**PIR**). To determine your PIR go to www.ird.govt.nz/roles/portfolioinvestment-entities/find-my-prescribed-investor-rate. If you're unsure of your PIR, we recommend you seek professional advice or contact Inland Revenue.

It's your responsibility to tell us your PIR when you invest or if your PIR changes. If you don't tell us, a default rate may be applied.

If the rate applied to your PIE income is lower than your correct PIR, you'll be required to pay any tax shortfall as part of the income tax year-end process.

If the rate applied to your PIE income is higher than your PIR any tax over-withheld will be used to reduce any income tax liability you may have for the tax year and any remaining amount will be refunded to you.

Inland Revenue may also tell us to update your PIR if their records indicate a change is required in which case we'll update your PIR and let you know. After the end of each financial year there may be a small delay in processing transactions while we finalise PIE tax for our investors.

7: Who is involved?

Octagon Asset Management

For customer service assistance please contact us at 0800 628 246 or email info@octagonasset.co.nz.

About Forsyth Barr

Investment Management

We're part of the Forsyth Barr Group, a New Zealand owned firm operating since 1936 that assists personal, institutional and corporate clients. We've managed the Octagon Investment Funds (previously known as the Forsyth Barr Investment Funds) since they were launched.

Our address is:

35 The Octagon Dunedin 9016 Phone: 0800 367 227

Who else is involved?

| | Name | Role | | | | |
|----------------|---|--|--|--|--|--|
| SUPERVISOR | Trustees Executors Limited | Supervises us as the manager | | | | |
| CUSTODIAN | Trustees Executors Limited (acting through its nominee company T.E.A. Custodians Limited) | Holds the assets of the funds | | | | |
| INVESTMENT | Octagon Asset Management Limited | Responsible for day-to-day investment management | | | | |
| MANAGER | | Octagon also communicates regularly to scheme investors | | | | |
| ADMINISTRATION | Forsyth Barr Limited | Provides us with day-to-day administration services | | | | |
| | Apex Investment Administration (NZ) Limited | Provides us with registry functions and investment accounting services | | | | |

8: How to complain

If you're not satisfied with the service you've received from Octagon Investment Funds and want to make a complaint, please contact Octagon Asset Management at 0800 628 246 or email info@octagonasset.co.nz, or write to:

35 The Octagon Private Bag 1999 Dunedin 9054

If you're not satisfied with the outcome, you can forward your complaint to either:

The Compliance Manager Forsyth Barr Limited Level 23, Shortland & Fort 88 Shortland Street Auckland 1010 Phone: 0800 367 227

Email: compliance@forsythbarr.co.nz

Or to the Supervisor:

Trustees Executors Limited Level 11, 51 Shortland Street PO Box 4197 Auckland 1140 Phone: 0800 878 783

You may refer your complaint to Financial Services Complaints Ltd (FSCL) – A Financial Ombudsman Service. FSCL is our independent external ombudsman and dispute resolution service that has been approved by the Minister of Consumer Affairs under the Financial Service Providers (Registration and Dispute Resolution) Act 2008. FSCL's service is free of charge to you.

FSCL PO Box 5967 Wellington 6140 Phone: 0800 347 257 Email: complaints@fscl.org.nz

Full details of how to access the FSCL scheme can be found on FSCL's website www.fscl.org.nz.

9: Where you can find more information

You can find further information about the Octagon Investment Funds including financial statements on the scheme and offer registers at www.companiesoffice.govt. nz/disclose.

You can get a copy of the information on the scheme and offer registers by asking the Registrar of Financial Service Providers.

You can get fund updates relating to the funds, and other information, at www.octagonasset.co.nz/our-funds.

You can also get this information free, by phoning us on 0800 628 246, or by emailing us at info@octagonasset.co.nz.

10: How to apply

Investing with us directly

You can apply to invest in the Octagon Investment Funds by completing the application form attached to the back of this PDS. Once you've completed it, please attach the required documents and mail it to us:

Octagon Investment Funds c/- Forsyth Barr Investment Management Limited Private Bag 1999 Dunedin 9054

Once available, you'll also be able to apply to invest in the Octagon Investment Funds through an Octagon online facility accessed through www.octagonasset.co.nz.

Investing through an investment platform

You can invest in the Octagon Investment Funds through selected investment platforms in accordance with the terms and conditions of the particular platform provider. The platform will then make an application for units in the fund(s) on your behalf.

Application Form Octagon Investment Funds

Product Disclosure Statement for the Octagon Investment Funds dated 23 July 2024

Trusts and Estates

For Office Use Only Investment Adviser: Account Number:



Section A: Applicant Details

The funds are not offered in any jurisdiction other than New Zealand, and investment in the funds offered is open to any entity registered in New Zealand.

Documentation required to complete this application: Follow the Guide in the Appendix.

| Full Name: | | | | | | | | |
|--|---------------|--------------|-----------|--|--|--|--|--|
| Jurisdiction of Establishment: | | | | | | | | |
| Date created: | | | | | | | | |
| Please confirm the document(s) that bind and regulate the Applicant (select all that apply): | | | | | | | | |
| Trusts: | Other (please | e state): | | | | | | |
| Estates: | | | | | | | | |
| Probate Letters of Administration | Other (please | e state): | | | | | | |
| Mailing Address: | | | | | | | | |
| Street No./Name/PO Box: | | | | | | | | |
| Suburb/RD No.: | | Mail Centre: | | | | | | |
| Town/City: | | | Postcode: | | | | | |
| Country: New Zealand Other (please state): | | | | | | | | |
| Phone Work: | Phone Home: | | | | | | | |
| Phone Mobile: | Fax: | | | | | | | |
| Email: | | | | | | | | |

Email Address: By providing your email addresses at any place in this form you are consenting to receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's products and services by email.

Section B: Trustee or Executor Details

Trustee / Executor:

First Trustee or Executor (individual)

| Full Name: Please provide | | s O Mrs | O Miss | O Dr | \bigcirc | Other | | | | | | |
|--|---|-------------------|------------|--------------|--------------------------|---------|-----------|-------|--|--|--|--|
| the full legal names of ALL Trustees or Executors. | Full Name: | | | | | | | | | | | |
| | Date of Birth: Country of Birth: | | | | | | | | | | | |
| | Country(s) of Citizenship/Nationality: | | | | | | | | | | | |
| | Tax Details | | | | | | | | | | | |
| | I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): | | | | | | | | | | | |
| Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other countries where you are a tax resident. IRD Number: For New Zealand residents, if a valid IRD Number | New Zealand: (IRD Number) | | | | | | | | | | | |
| | Australia: (Tax File Number) | | | | | | | | | | | |
| | O United States: | | | | (Social Security Number) | | | | | | | |
| | United Kingdom: | | | | | | | | | | | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country | / (please state): | | | | | | | | | | |
| | Is the Trustee or Executor a United States Person? | | | | | | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser. | Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) No | | | | | | | | | | | |
| [| Street No./Name: | | | | | | | | | | | |
| | Suburb/RD No.: | Suburb/RD No.: | | | | | | | | | | |
| [| Town/City: | | | | | | Postcode: | | | | | |
| | Country: New Zealand Other (please state): | | | | | | | | | | | |
| Mailing Address: Only complete this part if your | Mailing Address: | | | | | | | | | | | |
| Mailing Address is different to your Residential Address. | Street No./Name/PO Box: | | | | | | | | | | | |
| [| Suburb/RD No.: | | | | Mail | Centre: | | | | | | |
| [| Town/City: | | | | | | Post | code: | | | | |
| Email Address: By providing your | Country: O New | Zealand | Other (ple | ease state): | | | | | | | | |
| email addresses at any place in this form you are consenting to receiving information required | Phone Work: | | | Phone Home: | | | | | | | | |
| to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's | Phone Mobile: | | | Fax: | | | | | | | | |
| products and services by email. | Email: | | | | | | | | | | | |

Trustee / Executor:

Second Trustee or Executor (individual)

| Full Names Discourse ida | Mr Ms | Mrs Mi | s Or | Other | | | | | | |
|---|--|--|---------------------|--------------------|--------------------------|--|--|--|--|--|
| Full Name: Please provide the full legal names of ALL Trustees or Executors. | Full Name: | | | | | | | | | |
| L | Date of Birth: Country of Birth: | | | | | | | | | |
| | Country(s) of Citizenshi | p/Nationality: | | | | | | | | |
| _ | Tax Details | | | | | | | | | |
| | l certify that I am a tax Identification Number (| resident in the following cou TIN) for all that apply): | ntry/countries (ple | ase select the cou | untry and supply the Tax | | | | | |
| Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other countries where you are a tax resident. | New Zealand: | | | (IRD Number) | | | | | | |
| | Australia: | | | (Tax File Number) | | | | | | |
| | O United States: | | | (Social Security N | umber) | | | | | |
| IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default | O United Kingdom: | | | (National Insurand | ce Number) | | | | | |
| withholding tax rate of 45% will be applied. | Other Country (| please state): | | | | | | | | |
| | Is the Trustee or Executor a United States Person? | | | | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser. | | e IRS Form W-9, available on i | equest or online at | www.irs.gov/pub/ | irs-pdf/fw9.pdf) ONo | | | | | |
| Γ | Residential Address: Street No./Name: | | | | | | | | | |
| | | | | | | | | | | |
| | Suburb/RD No.: | | | | | | | | | |
| | Town/City: | Postcode: | | | | | | | | |
| | Country: O New Zealand O Cher (please state): | | | | | | | | | |
| Mailing Address: Only complete this part if your | Mailing Address: | | | | | | | | | |
| Mailing Address is different to your Residential Address. | Street No./Name/PO Box: | | | | | | | | | |
| | Suburb/RD No.: | | | Mail Centre: | | | | | | |
| | Town/City: | | | | Postcode: | | | | | |
| Email Address: By providing your | Country: O New Z | Zealand Other (p | lease state): | | | | | | | |
| email addresses at any place in this form you are consenting to receiving information required | Phone Work: | | Phone Home: | | | | | | | |
| to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's | Phone Mobile: | | Fax: | | | | | | | |
| products and services by email. | Email: | | | | | | | | | |

Trustee / Executor:

Third Trustee or Executor (individual)

| Full Name: Please provide | Mr Ms Mrs Miss Dr Other | | | | | | | | | |
|---|---|---------------------------|------------------------|--------------------|----------------------|--|--|--|--|--|
| the full legal names of ALL Trustees or Executors. | Full Name: | | | | | | | | | |
| | Date of Birth: Country of Birth: | | | | | | | | | |
| | Country(s) of Citizenshi | p/Nationality: | | | | | | | | |
| _ | Tax Details | | | | | | | | | |
| | I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): | | | | | | | | | |
| Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other countries where you are a tax | New Zealand: | | | (IRD Number) | | | | | | |
| | Australia: | | | (Tax File Number) | | | | | | |
| | O United States: | | | (Social Security N | umber) | | | | | |
| resident. IRD Number: For New Zealand residents, if a valid IRD Number | O United Kingdom: | | | (National Insurand | ce Number) | | | | | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country (| lease state): | | | | | | | | |
| | Is the Trustee or Executor a United States Person? | | | | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser. | Yes (please complet | e IRS Form W-9, available | on request or online a | t www.irs.gov/pub/ | irs-pdf/fw9.pdf) ONo | | | | | |
| | Street No./Name: | | | | | | | | | |
| | Suburb/RD No.: | | | | | | | | | |
| | Town/City: | Postcode: | | | | | | | | |
| | Country: New Zealand Other (please state): | | | | | | | | | |
| Mailing Address: Only complete this part if your | Mailing Address: | | | | | | | | | |
| Mailing Address is different to your Residential Address. | Street No./Name/PO Box: | | | | | | | | | |
| | Suburb/RD No.: | | | Mail Centre: | | | | | | |
| | Town/City: | | | | Postcode: | | | | | |
| Email Address: By providing your | Country: O New Z | ealand Oth | er (please state): | | | | | | | |
| email addresses at any place in this form you are consenting to receiving information required | Phone Work: | | Phone Home: | | | | | | | |
| to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's | Phone Mobile: | | Fax: | | | | | | | |
| products and services by email. | Email: | | | | | | | | | |

| | Trustee Company: | | | | | | | |
|---|---|-------------|------------------|--------------|-----------|--|--|--|
| | Trustee Company Details | | | | | | | |
| | Company Name: | | | | | | | |
| | Trading Name (if applicable): | | | | | | | |
| | Company Registration Number: | | | | | | | |
| | Country of Incorporation or Registration: | | | | | | | |
| - | Principal Business or Registered Office Address | s: | | | | | | |
| | Street No./Name: | | | | | | | |
| Principal Business or Registered Office Address: This address should match | Suburb/RD No.: | | | | | | | |
| what is recorded on the Companies Register. | Town/City: | | | | Postcode: | | | |
| | Country: O New Zealand | Other (plea | ase state): | | | | | |
| | Mailing Address: | | | | | | | |
| | Street No./Name/PO Box: | | | | | | | |
| | Suburb/RD No.: | | | Mail Centre: | | | | |
| | Town/City: | | | Postcode: | | | | |
| | Country: New Zealand Other (please state): | | | | | | | |
| | Phone Work: | | Phone Mobile: | | | | | |
| | Email: | | | | | | | |
| | Is the Trustee Company a Financial Institution? | | | | | | | |
| | A "Financial Institution" could include truste However, it will exclude lawyers or account | ants acting | | | | | | |
| | companies which are only a trustee of a single trust. If in doubt, please confirm the classification with an Authorised Representative of the Trustee Company. | | | | | | | |
| | Yes, the Trustee Company is a Financial Institution: | | | | | | | |
| | Please write the Financial Institution's name and GIIN below | | | | | | | |
| | Financial Institution's Name: | | | | | | | |
| Global Intermediary | Financial Institution's GIIN: | | | | | | | |
| Identification Numbers (GIINs): Assigned to Financial Institutions and sponsoring entities for purposes of identifying their | Has the Trustee Company agreed to sp | onsor or do | ocument the Trus | t? Yes | s 🔿 No | | | |
| registration status with the IRS under FATCA. | No, the Trustee Company is not a Financial Institution. | | | | | | | |

| Trustee Company: | | | | | | | | |
|--|--------------|-----------|--|--|--|--|--|--|
| Trustee Company Details (continued) | | | | | | | | |
| Authorised Person Name: | | | | | | | | |
| Position: | | | | | | | | |
| Date of Birth: | | | | | | | | |
| Country(s) of Citizenship/Nationality: | | | | | | | | |
| Residential Address: | | | | | | | | |
| Street No./Name: | | | | | | | | |
| Suburb/RD No.: | | | | | | | | |
| Town/City: | | Postcode: | | | | | | |
| Country: New Zealand Other (ple | ease state): | | | | | | | |
| Phone Work: | Phone Home: | | | | | | | |
| Phone Mobile: | Fax: | | | | | | | |
| Email: | | | | | | | | |

Trustee Company Director Details:

First Director of Trustee Company or Management of Trustee Company

| Full Name: Please provide | O Mr O Ms | O Mrs | | | \bigcirc | Other | | | | | |
|--|--|----------------|------------|---------------------|--------------------------|-------------|------------|----------|--------|--|--|
| the full legal names of ALL Directors. | Full Name: | | | | | | | | | | |
| | Date of Birth: | MONTH YE | | Country of Birth: | : | | | | | | |
| | Country(s) of Citizenshi | p/Nationality: | | | | | | | | | |
| | Tax Details | | | | | | | | | | |
| | l certify that I am a tax Identification Number (| | | try/countries (plea | ase selec | ct the cou | ntry and s | upply tl | ne Tax | | |
| Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other countries where you are a tax resident. IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 45% will be applied. United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser. | New Zealand: | | | | (IRD Number) | | | | | | |
| | Australia: | | | | (Tax File Number) | | | | | | |
| | O United States: | | | | (Social Security Number) | | | | | | |
| | O United Kingdom: | | | | (Nationa | Il Insuranc | e Number) | | | | |
| | Other Country (| please state): | | | | | | | | | |
| | Is the Trustee Company Director an Authorised Person on the account? (Please tick 'Yes' if you are intending to provide investment instructions on this account) Residential Address: Street No./Name: | | | | | | | |) No | | |
| | Suburb/RD No.: | | | | | | | | | | |
| | Town/City: | | | | | | Postcod | e: | | | |
| Mailing Address: Only | Country: New Zealand Other (please state): | | | | | | | | | | |
| complete this part if your Mailing Address is different to your Residential Address. | Mailing Address: Street No./Name/PO Box: | | | | | | | | | | |
| | Suburb/RD No.: | | | | Mail Centre: | | | | | | |
| | Town/City: | | | | | | Postcoc | e: | | | |
| Email Address: By providing your | Country: O New Z | Zealand | Other (ple | ease state): | | | | | | | |
| email addresses at any place in this form you are consenting to receiving information required | Phone Work: | | | Phone Home: | | | | | | | |
| to be provided to you under the relevant legislation by email (where permitted) and receiving | Phone Mobile: | | | Fax: | | | | | | | |
| information about Forsyth Barr's products and services by email. | Email: | | | | | | | | | | |

Trustee Company Director Details:

Second Director of Trustee Company or Management of Trustee Company

| Full Name: Please provide | O Mr O Ms | O Mrs O Mis | s 🔿 Dr | Other | | | | | |
|--|--|---|---|-----------------------------|-------------------------|--|--|--|--|
| the full legal names of ALL Directors. | Full Name: | | | | | | | | |
| | Date of Birth: | MONTH YEAR | Country of Birth: | | | | | | |
| | Country(s) of Citizenshi | ip/Nationality: | | | | | | | |
| | Tax Details | | | | | | | | |
| | l certify that I am a tax Identification Number (| resident in the following cour (TIN) for all that apply): | try/countries (ple | ase select the cou | ntry and supply the Tax | | | | |
| Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other countries where you are a tax resident. IRD Number: For New Zealand residents, if a valid IRD Number | New Zealand: | | | (IRD Number) | | | | | |
| | Australia: | | | (Tax File Number) | | | | | |
| | O United States: | | | (Social Security Number) | | | | | |
| | O United Kingdom: | | | (National Insurance Number) | | | | | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country (| please state): | | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser. | Yes (please complet) | v Director a United States Pers te IRS Form W-9, available on re v Director an Authorised Perso stending to provide investment instr | equest or online at one on on the account | www.irs.gov/pub/i ? | rs-pdf/fw9.pdf) No | | | | |
| | Suburb/RD No.: | | | | | | | | |
| | Town/City: | | | | Postcode: | | | | |
| | Country: O New Zealand O ther (please state): | | | | | | | | |
| Mailing Address: Only complete this part if your | Mailing Address: | | | | | | | | |
| Mailing Address is different to your Residential Address. | Street No./Name/PO E | Box: | | | | | | | |
| | Suburb/RD No.: | | | Mail Centre: | | | | | |
| [| Town/City: | | | | Postcode: | | | | |
| Email Address: By providing your | Country: New 2 | Zealand Other (p | ease state): | | | | | | |
| email addresses at any place in this form you are consenting to receiving information required | Phone Work: | | Phone Home: | | | | | | |
| to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's | Phone Mobile: | | Fax: | | | | | | |
| products and services by email. | Email: | | | | | | | | |

Trustee Company Director Details:

Third Director of Trustee Company or Management of Trustee Company

| Full Name: Please provide | O Mr O Ms | | | 5 Or | \bigcirc | Other | | | | | | |
|--|--|----------------|-------------|-----------------|-----------------------------|---------|-------|-------|--|--|---|--|
| the full legal names of ALL Directors. | Full Name: | | | | | | | | | | | |
| | Date of Birth: | MONTH | YEAR | Country of Birt | h: | | | | | | | |
| | Country(s) of Citizenshi | p/Nationality: | | | | | | | | | | |
| | Tax Details | | | | | | | | | | | |
| | I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): | | | | | | | | | | | |
| Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other countries where you are a tax resident. IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default | New Zealand: | | | | (IRD Num | nber) | | | | | | |
| | Australia: | | | | (Tax File Number) | | | | | | | |
| | O United States: | | | | (Social Security Number) | | | | | | | |
| | O United Kingdom: | | | | (National Insurance Number) | | | | | | | |
| withholding tax rate of 45% will be applied. | Other Country (| olease state): | | | | | | | | | | |
| unsure, you should contact your tax adviser. | Is the Trustee Company Director an Authorised Person on the account? (Please tick 'Yes' if you are intending to provide investment instructions on this account) Residential Address: Street No./Name: | | | | | | | | | | | |
| | Town/City: | | | | | | Posto | code: | | | 7 | |
| Ľ | Country: O New Z | ealand |) Other (pl | ease state): | | | | | | | 7 | |
| Mailing Address: Only complete this part if your | Mailing Address: | | | | | | | | | | | |
| Mailing Address is different to your Residential Address. | Street No./Name/PO Box: | | | | | | | | | | | |
| | Suburb/RD No.: | | | | Mail C | Centre: | | | | | | |
| | Town/City: | | | | | | Posto | code: | | | | |
| Email Address: By providing your | Country: O New Z | Zealand | Other (pl | ease state): | | | | | | | | |
| email addresses at any place in this form you are consenting to receiving information required | Phone Work: | | | Phone Home: | : | | | | | | | |
| to be provided to you under the relevant legislation by email (where permitted) and receiving | Phone Mobile: | | | Fax: | | | | | | | | |
| information about Forsyth Barr's products and services by email. | Email: | | | | | | | | | | | |

Trustee Company Director Details:

Fourth Director of Trustee Company or Management of Trustee Company

| Full Name: Please provide | Mr Ms Mrs Miss | O Dr | Other | | |
|---|---|-----------------------------|------------------------------------|--|--|
| the full legal names of ALL Directors. | Full Name: | | | | |
| - | Date of Birth: | Country of Birth: | | | |
| | Country(s) of Citizenship/Nationality: | | | | |
| L | Tax Details | | | | |
| | I certify that I am a tax resident in the following count Identification Number (TIN) for all that apply): | ry/countries (please sele | ect the country and supply the Tax | | |
| | New Zealand: | (IRD Nu | ımber) | | |
| Tax Identification Number (TIN): | Australia: | (Tax File | e Number) | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | United States: | (Social | Security Number) | | |
| IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default | United Kingdom: | (National Insurance Number) | | | |
| withholding tax rate of 45% will be applied. | Other Country (please state): | | | | |
| | Is the Trustee Company Director a United States Person? This section must be ticked. | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your | Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) | | | | |
| tax adviser. | Is the Trustee Company Director an Authorised Person | | ◯ Yes ◯ No | | |
| | (Please tick 'Yes' if you are intending to provide investment instru Residential Address: | ctions on this account) | | | |
| | Street No./Name: | | | | |
| | Suburb/RD No.: | | | | |
| | Town/City: | | Postcode: | | |
| | Country: New Zealand Other (please state): | | | | |
| Mailing Address: Only complete this part if your | Mailing Address: | | | | |
| Mailing Address is different to your Residential Address. | Street No./Name/PO Box: | | | | |
| | Suburb/RD No.: | Mail | Centre: | | |
| | Town/City: | | Postcode: | | |
| Email Address: By providing your | Country: New Zealand Other (ple | ease state): | | | |
| email addresses at any place in this form you are consenting to receiving information required | Phone Work: | Phone Home: | | | |
| to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forsyth Barr's | Phone Mobile: | Fax: | | | |
| products and services by email. | Email: | | | | |

Trustee Company Director Details:

Fifth Director of Trustee Company or Management of Trustee Company

| Full Name: Please provide | O Mr O Ms | O Mrs | Miss | | \bigcirc | Other | | | |
|---|---|----------------|------------|--------------------|------------|-------------|-------------|-----------|-------|
| the full legal names of ALL Directors. | Full Name: | | | | | | | | |
| | Date of Birth: | MONTH YEAR | (| Country of Birth: | | | | | |
| | Country(s) of Citizenshi | p/Nationality: | | | | | | | |
| | Tax Details | | | | | | | | |
| | l certify that I am a tax Identification Number (| | g countr | ry/countries (plea | ase selec | t the cou | ntry and sı | ipply the | e Tax |
| | New Zealand: | | | | (IRD Nur | nber) | | | |
| Tax Identification Number (TIN): | Australia: | | | | (Tax File | Number) | | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax | O United States: | | | | (Social Se | ecurity Nu | mber) | | |
| resident. IRD Number: For New Zealand residents, if a valid IRD Number | O United Kingdom: | | | | (Nationa | l Insurance | e Number) | | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country (r | please state): | | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser. | Yes (please complet Is the Trustee Company (Please tick 'Yes' if you are in Residential Address: Street No./Name: Suburb/RD No.: | | d Person | on the account? | , | ;ov/pub/ir | rs-pdf/fw9. | pdf) | No |
| | Town/City: | | | | | | Postcode | 2: | |
| L | | | | | | | | | |
| Mailing Address: Only complete this part if your | Country: New Zealand Other (please state): Mailing Address: Other (please state): | | | | | | | | |
| Mailing Address is different to your Residential Address. | Street No./Name/PO B | ox: | | | | | | | |
| [| Suburb/RD No.: | | | | Mail C | Centre: | | | |
| | Town/City: | | | | | | Postcode | e: | |
| Email Address: By providing your | Country: O New Z | Zealand Ot | ther (plea | ase state): | | | | | |
| email addresses at any place in this form you are consenting to receiving information required | Phone Work: | | | Phone Home: | | | | | |
| to be provided to you under the relevant legislation by email (where permitted) and receiving information about Forenth Pare's | Phone Mobile: | | | Fax: | | | | | |
| information about Forsyth Barr's products and services by email. | Email: | | | | | | | | |

Trustee Company Director Details:

Sixth Director of Trustee Company or Management of Trustee Company

| Full Name: Please provide | Mr Ms Mrs Miss | | Other | | | |
|---|--|--------------|----------------------|--|--|--|
| the full legal names of ALL Directors. | Full Name: | | | | | |
| - | Date of Birth: Country of Birth: | | | | | |
| | Country(s) of Citizenship/Nationality: | | | | | |
| L | Tax Details | | | | | |
| | I certify that I am a tax resident in the following country/countries (please select the country and supply the Identification Number (TIN) for all that apply): | | | | | |
| | New Zealand: | (IRD Nu | ımber) | | | |
| Tax Identification Number (TIN): | Australia: | (Tax File | e Number) | | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | United States: | (Social | Security Number) | | | |
| IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default | United Kingdom: | (Nation | al Insurance Number) | | | |
| withholding tax rate of 45% will be applied. | Other Country (please state): | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser. | Is the Trustee Company Director a United States Person? This section must be ticked. Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) No Is the Trustee Company Director an Authorised Person on the account? (Please tick 'Yes' if you are intending to provide investment instructions on this account) Residential Address: | | | | | |
| | Street No./Name: | | | | | |
| | Suburb/RD No.: | | | | | |
| | Town/City: | Postcode: | | | | |
| | Country: O New Zealand O Cher (please state): | | | | | |
| Mailing Address: Only complete this part if your | Mailing Address: | | | | | |
| Mailing Address is different to your Residential Address. | Street No./Name/PO Box: | | | | | |
| | Suburb/RD No.: | Mail | Centre: | | | |
| | Town/City: | | Postcode: | | | |
| Email Address: By providing your | Country: New Zealand Other (ple | ease state): | | | | |
| email addresses at any place in this form you are consenting to receiving information required | Phone Work: | Phone Home: | | | | |
| to be provided to you under the relevant legislation by email (where permitted) and receiving information about Exercitle Parks | Phone Mobile: | Fax: | | | | |
| information about Forsyth Barr's products and services by email. | Email: | | | | | |

Section C: Authorised Persons

This section only needs to be completed if you wish to nominate someone to instruct on your account in addition to the Applicant(s) recorded in Section B.

| | First Authorised Person Details | | | | | |
|---|--|--------------|-----------|--|--|--|
| Full Name: This includes your First Name, Middle Name(s), | ○ Mr ○ Ms ○ Mrs ○ Miss | O Dr Other | | | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | |
| | Relationship to Applicant: | | | | | |
| | Date of Birth: | | | | | |
| | Country(s) of Citizenship/Nationality: Occupation: | | | | | |
| | | | | | | |
| | Residential Address: | | | | | |
| | Street No./Name: | | | | | |
| | Suburb/RD No.: | | | | | |
| | Town/City: | | Postcode: | | | |
| | Country: O New Zealand O Cher (please state): | | | | | |
| Mailing Address: Only complete this part if your | Mailing Address: | | | | | |
| Mailing Address is different to your Residential Address. | Street No./Name/PO Box: | | | | | |
| | Suburb/RD No.: | Mail Centre: | | | | |
| | Town/City: | | Postcode: | | | |
| | Country: New Zealand Other (ple | ase state): | | | | |
| | Phone Work: | Phone Home: | | | | |
| | Phone Mobile: | Fax: | | | | |
| Email: | | | | | | |

Authorised Person: Complete this section if you wish to add a second Authorised Person to your account.

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Mailing Address: Only complete this part if your Mailing Address is different to your Residential Address.

Section C: Authorised Persons (continued)

Second Authorised Person Details

| Mr Ms Mrs Miss | 🔘 Dr | Other | |
|--|-------------------|--------------|-----------|
| Full Name: | | | |
| Relationship to Applicant: | | | |
| Date of Birth: | Country of Birth: | | |
| Country(s) of Citizenship/Nationality: | | | |
| Occupation: | | | |
| Residential Address: | | | |
| Street No./Name: | | | |
| Suburb/RD No.: | | | |
| Town/City: | | | Postcode: |
| Country: New Zealand Other (ple | ease state): | | |
| Mailing Address: | | | |
| Street No./Name/PO Box: | | | |
| Suburb/RD No.: | | Mail Centre: | |
| Town/City: | | | Postcode: |
| Country: New Zealand Other (please state): | | | |
| Phone Work: | Phone Home: | | |
| Phone Mobile: | Fax: | | |
| Email: | | | |

Please note, all Authorised Person(s) must provide their details above and sign Section I: Agreement and Signatures on page 47.

Section D: Anti-Money Laundering and Tax Disclosures

.

| How will the account be used? (please reply 'Yes' or 'No'): | | |
|--|-------|------|
| Invest a lump sum of more than NZD \$500,000 | O Yes | 🔿 No |
| Invest lump sum amounts from time to time | ◯ Yes | 🔘 No |
| Make regular contributions | ◯ Yes | 🔘 No |
| Make regular withdrawals | ◯ Yes | 🔘 No |
| Receive or send money from or to countries other than New Zealand or Australia | O Yes | 🔘 No |
| Source of Funds and Income | | |

Please provide details of the source of income that the Trust is receiving:

Please provide details of the source of any funds to be paid at account opening into the Trust's account with Octagon and evidence e.g. if the source of funds is the proceeds from an investment then a confirming document from the company or bank where the investment was made:

Politically Exposed Persons

......

. .

Is any Trustee, Executor, or Trust Beneficial Owner either:

) an individual who holds, or has held at any time in the preceding 12 months, a prominent public function in any country (other than New Zealand); or

) an immediate family member of a person referred to above, including a spouse, partner, child, child's spouse/ partner or a parent.

If 'Yes', please provide details of the public function held and the country:

Origin of Wealth: A detailed description of the activity which has generated the overall net worth of the Politically Exposed Person.

Source of Funds: A description of the origin and means of transfer for monies being paid into their Octagon account e.g. electronic transfer from a New Zealand bank account. Please provide details of the origin of their wealth and evidence e.g. if the origin of their wealth is business income then a copy of the business financial statements:

Please provide details of the source of any funds to be paid into their account with Octagon:

Prominent Public Function: e.g. head of a country, government minister, senior politician, senior Judge, governor of a central bank, ambassador, high commissioner, high-ranking member of the armed forces, or senior position in a State enterprise.

Ownership and Control

Please answer the following question if the Applicant is a trust:

An entity or individual could hold ownership and/or control via differential voting rights, power to appoint the majority of senior management, control through debt instruments, control through positions held, control through informal means such as through close personal connections to relatives or associates.

| and | ase confirm, is there any information about the Entity's ownership d/or control that has not already been provided in this document? Yes', please provide the relevant information below. | ◯ Yes | 🔘 No |
|------|---|----------------------|-----------|
| | | | |
| Be | neficiaries | | |
| Ple | ase answer the following questions if the Applicant is a trust: | | |
| i | Is the trust a charitable trust? | O Yes | 🔘 No |
| | If 'Yes', please state the objects of the trust: | | |
| | | | |
| | | | |
| | | | |
| ii | Is the trust a trust with more than 10 beneficiaries? |) Yes | ◯ No |
| 11 | If 'Yes', please provide a description of each class or type of beneficiary: | U fes | |
| | in res, preuse provide a description of each class of type of benencially. | | |
| | | | |
| | | | |
| | | | |
| iii | Is the trust a discretionary trust? | O Yes | 🔘 No |
| | If 'Yes', please provide a description of each class or type of beneficiary: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| lf y | ou answered 'No' to all of the questions above, please provide details of all bene | ficiaries on pages 2 | 29 to 38: |

Yes, I/we will keep Octagon informed when a distribution has been made to any beneficiary and provide a certification of those beneficiaries' tax residency, if I have not already provided these details in this application.

| | First Beneficiary | | | | | |
|---|--|-------------------|--------------------------|--------------------|---------|--|
| Full Name: This includes your First Name, Middle Name(s), | Mr Ms Mrs Miss | 5 🔿 Dr | Other | | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | |
| L | Date of Birth: | Country of Birt | h: | | | |
| | Country(s) of Citizenship/Nationality: Tax Details | | | | | |
| - | | | | | | |
| | I certify that I am a tax resident in the following coun Identification Number (TIN) for all that apply): | try/countries (pl | ease select the cou | untry and supply t | the Tax | |
| | New Zealand: | | (IRD Number) | | | |
| Tax Identification Number (TIN): | Australia: | | (Tax File Number) | | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | United States: | | (Social Security Number) | | | |
| IRD Number: For New Zealand residents, if a valid IRD Number | United Kingdom: (National Insurance Number) | | | | | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country (please state): | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your | Is the Beneficiary a United States Person? Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) | | | | | |
| tax adviser. | Residential Address: | | | | | |
| | Street No./Name: | | | | | |
| [| Suburb/RD No.: | | | | | |
| | Town/City: | | | Postcode: | | |
| | Country: O New Zealand O Cher (please state): | | | | | |
| | Phone Work: Phone Home: | | | | | |
| | Phone Mobile: | Fax: | | | | |
| [| Email: | | | | | |
| | | | | | | |

| | Second Beneficiary | | | | | |
|---|---|------------|-----------------|--------------------|-----------|--|
| Full Name: This includes your First Name, Middle Name(s), | | Ars O Miss | 🔘 Dr | Other | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | |
| | Date of Birth: | YEAR | Country of Birt | h: | | |
| | Country(s) of Citizenship/Nationality: Tax Details I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): | | | | | |
| | | | | | | |
| | | | | | | |
| | New Zealand: | | | (IRD Number) | | |
| Tax Identification Number (TIN): | Australia: | | | (Tax File Number) | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | United States: | | | (Social Security N | umber) | |
| IRD Number: For New Zealand residents, if a valid IRD Number | United Kingdom: (National Insurance Number) | | | | | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country (please state): | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your | Is the Beneficiary a United States Person? Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) | | | | | |
| tax adviser. | Residential Address: | | | | | |
| | Street No./Name: | | | | | |
| | Suburb/RD No.: | | | | | |
| | Town/City: | | | | Postcode: | |
| | Country: O New Zealand | Other (ple | ease state): | | | |
| | Phone Work: Phone Home: | | | | | |
| | Phone Mobile: | | Fax: | | | |
| | Email: | | | | | |
| | | | | | | |

| | Third Beneficiary | | | | | |
|---|--|-----------------------------------|------------------------------|--|--|--|
| Full Name: This includes your First Name, Middle Name(s), | Mr Ms Mrs Mi | ss O Dr Ot | her | | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | |
| - | Date of Birth: | Country of Birth: | | | | |
| | Country(s) of Citizenship/Nationality: | | | | | |
| L | Tax Details | | | | | |
| | I certify that I am a tax resident in the following cou Identification Number (TIN) for all that apply): | ntry/countries (please select the | e country and supply the Tax | | | |
| | New Zealand: | (IRD Number, |) | | | |
| Tax Identification Number (TIN): | Australia: | (Tax File Num | (Tax File Number) | | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | United States: | (Social Securi | (Social Security Number) | | | |
| IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default | United Kingdom: (National Insurance Number) | | | | | |
| withholding tax rate of 45% will be applied. | Other Country (please state): | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your | Is the Beneficiary a United States Person? Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) | | | | | |
| tax adviser. | Residential Address: | | | | | |
| | Street No./Name: | | | | | |
| | Suburb/RD No.: | | | | | |
| | Town/City: | | Postcode: | | | |
| | Country: O New Zealand Other (| lease state): | | | | |
| [| Phone Work: | Phone Home: | | | | |
| | Phone Mobile: | Fax: | | | | |
| | Email: | | | | | |
| | | | | | | |

| | Fourth Beneficiary | | | | | |
|---|---|------------|-----------------|--------------------|------------|--|
| Full Name: This includes your First Name, Middle Name(s), | Mr Ms | Mrs O Miss | Dr | Other | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | |
| | Date of Birth: | TH YEAR | Country of Birt | th: | | |
| | Country(s) of Citizenship/Nationality: Tax Details I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): | | | | | |
| | | | | | | |
| | | | | | | |
| | New Zealand: | | | (IRD Number) | | |
| Tax Identification Number (TIN): | Australia: | | | (Tax File Number) | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | United States: | | | (Social Security N | umber) | |
| IRD Number: For New Zealand residents, if a valid IRD Number | O United Kingdom: | | | (National Insurand | ce Number) | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country (please state) | : | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your traveline in the US. | Is the Beneficiary a United States Person? Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) | | | | | |
| tax adviser. | Residential Address: | | | | | |
| | Street No./Name: | | | | | |
| | Suburb/RD No.: | | | | | |
| | Town/City: | | | | Postcode: | |
| | Country: O New Zealand | Other (ple | ease state): | | | |
| | Phone Work: Phone Home: | | | | | |
| | Phone Mobile: | | Fax: | | | |
| | Email: | | | | | |
| | | | | | | |

| | Fifth Beneficiary | | | | | | |
|---|--|-------------------------------------|--------------------------|--|--|--|--|
| Full Name: This includes your First Name, Middle Name(s), | Mr Ms Mrs Miss | 5 Or Other | | | | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | | |
| | Date of Birth: | Country of Birth: | | | | | |
| | Country(s) of Citizenship/Nationality: | | | | | | |
| L | Tax Details | | | | | | |
| | I certify that I am a tax resident in the following coun Identification Number (TIN) for all that apply): | try/countries (please select the co | untry and supply the Tax | | | | |
| | New Zealand: | (IRD Number) | | | | | |
| Tax Identification Number (TIN): | Australia: | (Tax File Number) | (Tax File Number) | | | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | United States: | (Social Security N | (Social Security Number) | | | | |
| IRD Number: For New Zealand residents, if a valid IRD Number | United Kingdom: (National Insurance Number) | | | | | | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country (please state): | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your | Is the Beneficiary a United States Person? Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) | | | | | | |
| tax adviser. | Residential Address: | | | | | | |
| | Street No./Name: | Street No./Name: | | | | | |
| [| Suburb/RD No.: | | | | | | |
| | Town/City: | | Postcode: | | | | |
| | Country: New Zealand Other (please state): | | | | | | |
| | Phone Work: Phone Home: | | | | | | |
| [| Phone Mobile: | Fax: | | | | | |
| | Email: | | | | | | |
| | | | | | | | |

| Full Name: This includes your Mr Ms Mrs Miss Dr Other Last Name - please do not Image: Comparison of the please do not Image: Compari | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Last Name – please do not | | | | | | | | |
| use initials or abbreviations. Full Name: | Full Name: | | | | | | | |
| Date of Birth: DAY MONTH YEAR Country of Birth: | | | | | | | | |
| Country(s) of Citizenship/Nationality: | Country(s) of Citizenship/Nationality: | | | | | | | |
| Tax Details | Tax Details | | | | | | | |
| I certify that I am a tax resident in the following country/countries (please select the country a Identification Number (TIN) for all that apply): | I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): | | | | | | | |
| New Zealand: Image: Constraint of the second seco | (IRD Number) | | | | | | | |
| Tax Identification Number (TIN): Australia: (Tax File Number) | (Tax File Number) | | | | | | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. (Social Security Number) | (Social Security Number) | | | | | | | |
| residents, il a valid IRD Number | United Kingdom: (National Insurance Number) | | | | | | | |
| is not provided, the default withholding tax rate of 45% will be applied. Other Country (please state): | | | | | | | | |
| persons born in the US. If you are unsure, you should contact your | Is the Beneficiary a United States Person? Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) No | | | | | | | |
| tax adviser. Residential Address: | Residential Address: | | | | | | | |
| Street No./Name: | o./Name: | | | | | | | |
| Suburb/RD No.: | Suburb/RD No.: | | | | | | | |
| Town/City: Pos | Postcode: | | | | | | | |
| Country: O New Zealand Other (please state): | Country: O New Zealand O Cher (please state): | | | | | | | |
| Phone Work: Phone Home: | Phone Home: | | | | | | | |
| Phone Mobile: Fax: | hone Mobile: Fax: | | | | | | | |
| Email: | Email: | | | | | | | |

| | Seventh Beneficiary | | | | | | | |
|---|--|-------------|--|--------------------------|--|--|--|--|
| Full Name: This includes your First Name, Middle Name(s), | ○ Mr ○ Ms ○ Mrs | | | Other | | | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | | | |
| - | Date of Birth: | | | | | | | |
| | Country(s) of Citizenship/Nationality: | | | | | | | |
| | Tax Details | | | | | | | |
| | I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply): | | | | | | | |
| Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other countries where you are a tax resident. | New Zealand: | | | (IRD Number) | | | | |
| | Australia: | | | (Tax File Number) | | | | |
| | United States: | | | (Social Security Number) | | | | |
| IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 45% will be applied. | United Kingdom: (National Insurance Number) | | | | | | | |
| | Other Country (please state): | | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser. | Is the Beneficiary a United States Person? Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf) No | | | | | | | |
| | Residential Address: | | | | | | | |
| | Street No./Name: | | | | | | | |
| [| | | | | | | | |
| | Town/City: | | | Postcode: | | | | |
| | Country: O New Zealand O Cher (please state): | | | | | | | |
| | Phone Work: | Phone Home: | | | | | | |
| | Phone Mobile: Fax: | | | | | | | |
| | Email: | | | | | | | |
| | Eighth Beneficiary | | | | | | | | | | | | |
|---|---|--|--------------|---------|---------------------|--------------|--------|-----------|----|--|--|--|--|
| Full Name: This includes your First Name, Middle Name(s), | ○ Mr ○ Ms ○ Mrs | O Miss | () c | Dr | Other | | | | | | | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | | | | | | | | |
| - | Date of Birth: | | Country of | Birth | ו: | | | | | | | | |
| | Country(s) of Citizenship/Nationality: | | | | | | | | | | | | |
| | Tax Details | | | | | | | | | | | | |
| | l certify that I am a tax resident in the follo Identification Number (TIN) for all that app | | ry/countrie | es (ple | ease select the cou | untry and s | upply | the Ta | ах | | | | |
| | New Zealand: | | | | (IRD Number) | | | | | | | | |
| Tax Identification Number (TIN): | Australia: | Australia: (Tax File Number) | | | | | | | | | | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | United States: | nited States: (Social Security Number) | | | | | | | | | | | |
| IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default | United Kingdom: | | | | (National Insuran | ce Number | 1 | | | | | | |
| withholding tax rate of 45% will be applied. | Other Country (please state): | | | | | | | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your | Is the Beneficiary a United States Person? | ailable on rec | quest or onl | line at | t www.irs.gov/pub/ | /irs-pdf/fw9 | ∂.pdf) | \subset | No | | | | |
| tax adviser. | Residential Address: | | | | | | | | | | | | |
| | Street No./Name: | | | | | | | | | | | | |
| [| Suburb/RD No.: | | | | | | | | | | | | |
| | Town/City: | | | | | Postcoo | le: | | | | | | |
| | Country: O New Zealand | Other (ple | ase state): | | | | | | | | | | |
| [| Phone Work: | | Phone H | ome: | | | | | | | | | |
| | Phone Mobile: | | Fax: | | | | | | | | | | |
| [| Email: | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | Ninth Beneficiary | | | | | | | | | | | | | | | | | |
|---|---|-------------|--------|-----------|-----------|--------|------------|---------|------------------|--------|----------|--------|---------|----------|--------------------|-----|----|--|
| Full Name: This includes your First Name, Middle Name(s), | O Mr O Ms | С | Mrs | \subset |) Mis | s | \bigcirc | Dr | $\left(\right)$ | | Othe | er | | | | | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | | | | | | | | | | | | | |
| | Date of Birth: | MON | ІТН | YEAR | | Cou | ntry c | of Birt | h: | | | | | | | | | |
| | Country(s) of Citizenship | /Nation | ality: | | | | | | | | | | | | | | | |
| | Tax Details | | | | | | | | | | | | | | | | | |
| | l certify that I am a tax n Identification Number (1 | | | | | ntry/c | ountr | ies (pl | ease s | selec | t the c | count | try and | d supply | ' the [·] | Tax | | |
| | New Zealand: | | | | | | | | (IRD |) Nur | nber) | | | | | | | |
| Tax Identification Number (TIN): | Australia: | | | | | | | | (Tax | File | Numbe | er) | | | | | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | O United States: | | | | | | | | (Soc | ial Se | ecurity | Num | nber) | | | | | |
| IRD Number: For New Zealand residents, if a valid IRD Number | O United Kingdom: | | | | | | | | (Nat | tiona | l Insura | ance | Numb | er) | | | | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country (pl | ease state) | : | | | | | | | | | | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your | Is the Beneficiary a Unit | | | | ble on re | eques | t or or | nline a | t www | v.irs. | gov/pu | b/irs· | -pdf/f | w9.pdf) | (| ⊃ r | 10 | |
| tax adviser. | Residential Address: | | | | | | | | | | | | | | | | | |
| | Street No./Name: | | | | | | | | | | | | | | | | | |
| | Suburb/RD No.: | | | | | | | | | | | | | | | | | |
| | Town/City: | | | | | | | | | | | | Posto | ode: | | | | |
| | Country: O New Ze | ealand | С |) 0 | ther (p | lease | state) |): | | | | | | | | | | |
| | Phone Work: | | | | | Pł | none l | Home | : | | | | | | | | | |
| | Phone Mobile: | | | | | Fa | ax: | | | | | | | | | | | |
| | Email: | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

| | Tenth Beneficiary | | | | | | | | | | | | | | |
|---|--|-------------------------------|------------|-------------|---------|------------|------------|------------|-----------|--------|------|--|--|--|--|
| Full Name: This includes your First Name, Middle Name(s), | O Mr O Ms | O Mrs | | () c | Dr | \bigcirc | Othe | r | | | | | | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | | | | | | | | | | |
| | Date of Birth: | Y MONTH YE | AR | Country of | f Birtł | ו: | | | | | | | | | |
| | Country(s) of Citizenshi | p/Nationality: | | | | | | | | | | | | | |
| | Tax Details | | | | | | | | | | | | | | |
| | l certify that l am a tax Identification Number (| | | ry/countrie | es (pl | ease sele | ect the co | ountry ar | nd supply | the Ta | ях | | | | |
| | New Zealand: | New Zealand: (IRD Number) | | | | | | | | | | | | | |
| Tax Identification Number (TIN): | Australia: | | | | | (Tax File | e Numbe | r) | | | | | | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | O United States: | | | | | (Social S | Security | Number) | | | | | | | |
| IRD Number: For New Zealand residents, if a valid IRD Number | United Kingdom: (National Insurance Number) | | | | | | | | | | | | | | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country (| please state): | | | | | | | | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser. | Is the Beneficiary a Uni | | | quest or on | line at | t www.irs | .gov/puł | o/irs-pdf/ | fw9.pdf) | C |) No | | | | |
| | Residential Address: | | | | | | | | | | | | | | |
| | Street No./Name: | | | | | | | | | | | | | | |
| | Suburb/RD No.: | | | | | | | | | | | | | | |
| | Town/City: | | | | | | | Post | code: | | | | | | |
| | Country: O New 2 | Zealand | Other (ple | ase state): | | | | | | | | | | | |
| | Phone Work: | | | Phone H | lome: | | | | | | | | | | |
| | Phone Mobile: | | | | | | | | | | | | | | |
| | Email: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| | First Settlor | | |
|---|--|---------------------------------------|-------------------------|
| Full Name: This includes your First Name, Middle Name(s), | Mr Ms Mrs Miss | s Or Other | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | |
| | Date of Birth: | Country of Birth: | |
| | Country(s) of Citizenship/Nationality: | | |
| | Tax Details | | |
| | I certify that I am a tax resident in the following coun Identification Number (TIN) for all that apply): | try/countries (please select the cou | ntry and supply the Tax |
| | New Zealand: | (IRD Number) | |
| Tax Identification Number (TIN): | Australia: | (Tax File Number) | |
| Please supply the country/ countries and TINs of any other countries where you are a tax | United States: | (Social Security Nu | ımber) |
| resident. IRD Number: For New Zealand residents, if a valid IRD Number | United Kingdom: | (National Insuranc | e Number) |
| is not provided, the default withholding tax rate of 45% will be applied. | Other Country (please state): | | |
| | Is the Settlor a United States Person? | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your | Yes (please complete IRS Form W-9, available on re | equest or online at www.irs.gov/pub/i | rs-pdf/fw9.pdf) ONo |
| tax adviser. | Residential Address: | | |
| | Street No./Name: | | |
| | Suburb/RD No.: | | |
| | Town/City: | | Postcode: |
| | Country: O New Zealand Other (pl | ease state): | |
| | Phone Work: | Phone Home: | |
| | Phone Mobile: | Fax: | |
| | Email: | | |
| | Source of Settlor's Funds/Wealth | | |
| Source of Funds/Wealth: A detailed description of the activity which has generated the settlors' | Please provide details of the origin of the settlors' we | alth: | |
| net worth, e.g. employment earnings (please specify the nature of the employment), sale | | | |
| of a property (please specify the type of property and location). | | | |
| | | | |
| | | | |
| | | | |

| | Second Settlor | | | | | | | | | | | | | | | |
|---|---|------------------------------|----------|------------|---------------|--------|------------|----------|---------|---------|----------|---------|--------|---------|-----|----|
| Full Name: This includes your First Name, Middle Name(s), | () Mr (| Ms | | Mrs | | ss | \bigcirc | Dr | С |) | Other | | | | | |
| Last Name – please do not use initials or abbreviations. | Full Name: | | | | | | | | | | | | | | | |
| | Date of Birth: | DAY | MONTH | YEA | AR | Cou | ntry o | of Birth | ו: | | | | | | | |
| | Country(s) of Ci | itizenship/Na | ationali | ty: | | | | | | | | | | | | |
| | Tax Details | | | | | | | | | | | | | | | |
| | l certify that I a Identification N | | | | - | ntry/c | ountri | ies (ple | ease se | elect t | he cour | ntry ar | nd sup | ply the | Tax | |
| | O New Zeala | ind: | | | | | | | (IRD I | Numb | er) | | | | | |
| Tax Identification Number (TIN): | Australia: | | | | | | | | (Tax F | ile Nu | ımber) | | | | | |
| Please supply the country/ countries and TINs of any other countries where you are a tax resident. | O United Sta | tes: | | | | | | | (Socia | al Secu | irity Nu | mber) | | | | |
| IRD Number: For New Zealand residents, if a valid IRD Number | O United Kin | igdom: | | | | | | | (Natio | onal Ir | isurance | e Num | ber) | | | |
| is not provided, the default withholding tax rate of 45% will be applied. | Other C | ountry (please | state): | | | | | | | | | | | | | |
| United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser. | Residential Addr Street No./Nam Suburb/RD No. | complete IRS ress: ne: | | | railable on r | reques | t or or | nline at | t www. | irs.gov | //pub/ir | | | | 1 | No |
| | Town/City: | | | | | | | | | | | Post | code: | | | |
| | Country: |) New Zeala | nd | \bigcirc | Other (p | lease | state) |): | | | | | | | | |
| | Phone Work: | | | | | Pł | none H | Home: | | | | | | | | |
| | Phone Mobile: | | | | | Fa | ax: | | | | | | | | | |
| | Email: | | | | | | | | | | | | | | | |
| Source of Funds/Wealth: A | Source of Settlo | | | of the | settlors' w | ealth: | | | | | | | | | | |
| detailed description of the activity which has generated the settlors' net worth, e.g. employment | | | | | | | | | | | | | | | | |
| earnings (please specify the nature of the employment), sale of a property (please specify the type of property and location). | | | | | | | | | | | | | | | | |
| ······ | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Trust Beneficial Owners

Please provide details of an individual who has the power to amend the Trust Deed, remove or appoint Trustees, veto decisions, has effective control over the Trust or specific Trust Property, has vested interest of more than 25% in the Trust Property, or has direct or indirect control or ultimate control or ownership in respect of the Trust.

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Relationship to Applicant: e.g. protector, appointor, beneficiary with more than 25% vested interest.

| First Beneficial Owner | Mrs | Miss | |)r | Other | | | | | | | | |
|---|----------------|------------|---------------|----------|-----------------|-----------|---------|---------|----|--|--|--|--|
| | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | | | | | |
| Relationship to Applica | nt: | | | | | | | | | | | | |
| Date of Birth: | MONTH Y | EAR | Country of | Birth: | | | | | | | | | |
| Country(s) of Citizenshi | p/Nationality: | | | | | | | | | | | | |
| Tax Details I certify that I am a tax Identification Number (| | | ry/countrie | | | untry ai | nd supj | bly the | Ta | | | | |
| New Zealand: | | | | (| (IRD Number) | | | | | | | | |
| Australia: (Tax File Number) | | | | | | | | | | | | | |
| United States: (Social Security Number) | | | | | | | | | | | | | |
| United Kingdom: (National Insurance Number) | | | | | | | | | | | | | |
| Other Country (p | please state): | | | | | | | | | | | | |
| Is the Beneficial Owner Yes (please complet Residential Address: | | | quest or onli | ine at v | vww.irs.gov/pub | /irs-pdf/ | ′fw9.pd | f) (| | | | | |
| Street No./Name: | | | | | | | | | | | | | |
| Suburb/RD No.: | | | | | | | | | | | | | |
| Town/City: | | | | | | Post | code: | | | | | | |
| Country: O New Z | Zealand | Other (ple | ease state): | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Phone Work: | | | Phone Ho | ome: | | | | | | | | | |

Tax Identification Number (TIN) Please supply the country/ countries and TINs of any other countries where you are a tax resident.

IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 45% will be applied.

United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. If you are unsure, you should contact your tax adviser.

Trust Beneficial Owners

c · .

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Relationship to Applicant: e.g. protector, appointor, beneficiary with more than 25% vested interest.

| Second Benefi | cial Owner | | | | | | |
|----------------|--------------|--------------|--------|-----------------|------------|-------|--|
| O Mr | O Ms | O Mrs | O Miss | 🔘 Dr | \bigcirc | Other | |
| Full Name: | | | | | | | |
| Relationship t | o Applicant: | | | | | | |
| Date of Birth: | DAY | MONTH Y | EAR | ountry of Birth | 1: | | |
| Country(s) of | Citizenship/ | Nationality: | | | | | |

Tax Details

I certify that I am a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

| New Zealand: | (IRD Number) |
|---|---|
| Australia: | (Tax File Number) |
| United States: | (Social Security Number) |
| United Kingdom: | (National Insurance Number) |
| Other Country (please state): | |
| Is the Beneficial Owner a United States Person? | |
| Yes (please complete IRS Form W-9, available on request or online | at www.irs.gov/pub/irs-pdf/fw9.pdf) ONo |

| Residential Address: | | |
|---------------------------------|--------------|-----------|
| Street No./Name: | | |
| Suburb/RD No.: | | |
| Town/City: | | Postcode: |
| Country: New Zealand Other (ple | ease state): | |
| Phone Work: | Phone Home: | |
| Phone Mobile: | Fax: | |
| Email: | | |

Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other countries where you are a tax resident.

IRD Number: For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 45% will be applied.

| United States Person: A United |
|------------------------------------|
| States Person can include US |
| citizens, US tax residents and |
| persons born in the US. If you are |
| unsure, you should contact your |
| tax adviser. |

Protector

To meet our regulatory requirements we must identify all Protectors. A Protector is a person who holds powers under a Trust but who is not a Trustee. A Protector is independent of the Trustees; their role is usually to monitor, oversee or control the administration of the Trust by the Trustees.

Does the Registered Charitable Trust have any Protectors?

) Yes () No

If 'Yes' and the Protector has completed one of the previous sections, please only record their full name below.

If 'Yes' and the Protector has not completed one of the previous sections, please complete all information in this section. If 'No', please move to the next section.

Personal and Contact Information

| | () Mr () Ms (| Mrs Miss Dr Other | |
|---|---|--|-----------------------------------|
| Full Name: Include First Name, Middle Name(s) and | Full Name: | | |
| Last Name. Please do not use initials or abbreviations. | Preferred Name: | | |
| | Date of Birth: | MONTH YEAR | |
| | Country of Birth: | New Zealand Other (please state): | |
| | Countries of Citizenship/ Nationality: | New Zealand Other/Additional: | |
| | Residential Address: | | |
| | Street No./Name: | | |
| | Suburb/RD No.: | | |
| | Town/City: | | Postcode: |
| | Country: ONew Zeal | land Other (please state): | |
| | | mer is a tax resident in the following country/countries (plea nt and supply Tax Identification Numbers (TIN) for those cou | |
| | New Zealand: | (IRD Numb | er) |
| | Australia: | (Tax File No | umber) |
| | O United States: | (Social Sec | urity Number) |
| | O United Kingdom: | (National In | nsurance Number) |
| | Other Country (plea | se state): | |
| | persons born in the US. If | on can include US citizens or US tax residents or you are unsure, you should contact your tax adviser. eficial Owner a United States Person? | 🔿 Yes 🔵 No |
| | | Form W-9, which is available at v9.pdf or via your Investment Adviser. | Check the box if form is required |

Section E: Settlement Details

Bank Account Details

Bank Account payments: We are able to pay funds to ·

- a bank account in the name of the Trust or Estate;
- a bank account in the name of a trustee(s);
- Inland Revenue Department;
- an accountant's trust account or solicitor's trust
- account; or the beneficiary of the Trust

For direct credits (i.e. to set up payments to a bank account), we require bank account documentation. Select from the list below:

- A bank encoded deposit slip with pre-printed details of your bank account name and number
- A bank statement
 - A verification letter or other document of confirmation provided by your bank

Details of the bank account that you would like to make payments to:

New Zealand

| Name of Bank Account: | | | | | | | | | Bank | : | | |
|-----------------------|----|----|-----|-----|--|------|--------|-------|------|---|--------|--|
| Bank Account Number: | BA | NK | BRA | NCH | | ACCO | JNT NU | IMBER | | | SUFFIX | |

Additional information

We may require additional information and/or documentation from you in order to meet the requirements of the Anti-Money Laundering and Countering the Financing of Terrorism Act 2009. We will notify you if we require anything further.

Section F: Tax Details

New Zealand Tax Residents

For further information on selecting the appropriate PIR, please refer to www.ird.govt.nz. Please advise Octagon should your tax details change.

Overseas Tax Residents

The default Prescribed Investor Rate (PIR) for non-residents is 28%.

Tax Details

Ρ

I certify that the entity is a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

| New Zealand: | | | | (IRD Number) |
|-------------------|----------------|--|--|----------------------------------|
| Australia: | | | | (Tax File Number) |
| O United States: | | | | (Employer Identification Number) |
| O United Kingdom: | | | | (Unique Taxpayer Reference) |
| Other Country (| please state): | | | |
| | | | | |

Is the entity a United States Person?

Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)

No

Prescribed Investor Rate: A PIR is the tax rate that the PIE you invest in can use to calculate the tax on the income it derives from investing your contributions, if you have also provided your IRD number. If a PIR is not selected the default PIR of 28% will be applied. Inland Revenue may also tell us to update your PIR if their records indicate a change is required.

Tax Identification Number (TIN): Please supply the country/ countries and TINs of any other countries where the entity is a tax resident.

An Entity which is a US Person: It includes partnerships or corporations organised in the United States or under the laws of the United States or any State thereof, a trust if a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust and one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the United States.

Section F: Tax Details (continued)

Entity managed by another Financial Institution: An

institution manages the entity if it is responsible for making and executing investment decisions without needing prior approval from management, the board or trustees of the entity. Ad hoc investment advice isn't 'management' of the entity.

Trustee which is a Financial

Institution: A 'Financial Institution' includes trustee corporations, and can include lawyer and accountant nominee or trust companies. However, it will exclude lawyers or accountants acting as a trustee in a personal capacity. It also usually excludes trustee companies which are only a trustee of a single trust. If in doubt, please contact the Trustee.

Financial products: Any asset that may be held in an account, such as shares, bonds, debentures, and money.

Passive Investments/Income: Passive income includes dividends, interest, rents and royalties (other than rents and royalties derived in the active conduct of a trade/business), annuities, and amounts received under cash insurance contracts.

Global Intermediary

Identification Numbers (GIINs): Assigned to Financial Institutions and sponsoring entities for purposes of identifying their registration status with the IRS under FATCA.

Reporting Financial Institution does not currently have a GIIN: If the Financial Institution has applied for a GIIN but has not received it yet, please wait for it to be issued before returning the form.

Sponsoring Entity: In some circumstances, where an account is held by a trust which has a Trustee Company as a Trustee, the Trustee Company may choose to sponsor the Trust. Please check with your Trustee Company if this is an option.

1. Entity Type Classification

Please answer all of the following;

If you answer YES to ANY of the questions below, please complete the 3. Financial Institutions section.

If you answer NO to ALL of the questions below, please complete the 2. Non-Financial Entity section.

| Is the entity managed on a discretionary basis by a Financial Institution, AND is more than 50% of the entity's income generated from investment activities in financial products? | O Yes | 🔘 No |
|--|-------|------|
| Is the entity a trust which generates more than 50% of its income from investment activities in financial products, AND has a trustee which is a Financial Institution? | ◯ Yes | 🔘 No |
| Is the entity a bank, non-bank deposit taker, custodian, investment fund and fund manager, private equity, hedge fund or an insurer? | O Yes | 🔘 No |
| Is the entity an investment entity that carries on a business of trading in financial assets for or on behalf of a customer, AND has more than 50% of its income attributable to investment activities? | O Yes | 🔘 No |

2. Non-Financial Entity

Is the account held for an Active or Passive Non-Financial Entity?

Active Non-Financial Entity

An Active Non-Financial Entity is one where, in the preceding calendar year, less than 50% of the entity's gross income was passive income, AND where less than 50% of the assets held by the entity were assets held for the production of passive income.

This also includes the following entities:

- A Holding Company, other than a Holding Company of a Financial Institution that does not hold itself out to be a PE fund, VC fund or Leveraged Buyout Fund, or any similar type of investment vehicle.
- A registered charity (even if it derives predominantly passive income)
- A Listed Company that is not an Investment Entity/Exchange Traded Fund

) Passive Non-Financial Entity

A **Passive Non-Financial Entity** is one where, in the preceding calendar year, the entity earned **50% or more** of its gross income from passive investments **OR** where **50% or more** of the entity's assets were held for the production of passive income in the preceding calendar year.

3. Financial Institutions

Does the entity have a Global Intermediary Identification Number (GIIN)? If yes, please provide the details below:

| Financi | al Ins | tituti | on's | Nam | e: | | | | | | |
|---------|--------|--------|------|-----|----|--|--|--|--|--|--|
| GIIN: | | | | | | | | | | | |

OR

i.

ii. If the Financial Institution requires a GIIN and it has not registered to be issued with one, it can apply at this website: www.irs.gov/businesses/corporations/fatca-foreign-financial-institution-registration-system. Instructions on how to register can be found at this website: www.irs.gov/pub/irs-pdf/p5118.pdf. Once the GIIN has been received please write the Financial Institution's name and GIIN above.

There is guidance available from the IRD to help Financial Institutions understand their obligations and due diligence requirements to identify and report where foreign tax residents may be associated with the account. If you think this may apply to you please read IRD Guidance Note IR1083 where US persons are associated with the account and where any other foreign tax residents are associated with the account please refer to IRD Guidance Note 1049.

OR

OR iv.

iii. Has another Financial Institution agreed to sponsor or document the entity?

() Yes

Sponsoring Financial Institution's Name (or documenting Trustee's name):

| GIIN: | | | | | | | | | | | | | | |
|----------|-------------|---------|------------|------------|---------|------|------|------|--------|-------|------|--|------------|--|
| | | _ | | | | | | _ | | | | | \bigcirc | |
| Is the e | entity a No | on-Repo | orting Fin | ancial Ins | titutio | n/Ex | empt | Bene | eficia | l Owi | ner: | | Yes | |

This may include:

- Governmental entities
- International Organisation
- Certain retirement funds
- Maori Authorities

- Registered Deemed Compliant Financial Institutions
- Certified Deemed Compliant Financial Institutions

Section G: Octagon Investment Funds information

You can make a single sum investment and/or regular contribution into the Octagon Investment Funds as follows:

- Direct Credit funds to Forsyth Barr Investment Management Ltd (Investment Funds Application Account 01-1839-0938584-00)
- Direct Debit please complete a Direct Debit Authority located at the back of this document and return it with your application

Once your application form has been received and your account with Octagon Investment Funds opened, your Investment Adviser will contact you to reconfirm your investment choices in the Octagon Investment Funds.

Initial Investment

Please tick the Investment Fund(s) of your choice.

| C Enhanced Cash Fund: | \$ | | | | | |
|--|--|--|--|--|--|--|
| New Zealand Equities Fund: | \$ | | | | | |
| Australian Equities Fund: | \$ | | | | | |
| Listed Property Fund: | \$ | | | | | |
| Global Equities Fund: | \$ | | | | | |
| New Zealand Fixed Interest Fund: | \$ | | | | | |
| O Income Fund: | \$ | | | | | |
| Balanced Fund: | \$ | | | | | |
| Growth Fund: | \$ | | | | | |
| Regular Contribution I wish to start regular contributions to my Octagon Investment Funds on: | | | | | | |
| Twish to start regular contributions to my octagor in | | | | | | |
| I wish to make regular contributions (as indicated b | DAY MONTH YEAR | | | | | |
| | elow) via Direct Debit: | | | | | |
| I wish to make regular contributions (as indicated b | elow) via Direct Debit: | | | | | |
| I wish to make regular contributions (as indicated b Frequency: Weekly Fortnigh | elow) via Direct Debit: tly Monthly 4 weekly Quarterly | | | | | |
| I wish to make regular contributions (as indicated b Frequency: Weekly Fortnigh <i>Fund</i> | elow) via Direct Debit: tly Monthly 4 weekly Quarterly <i>Regular contribution amount:</i> | | | | | |
| I wish to make regular contributions (as indicated b Frequency: Weekly Fortnigh <i>Fund</i> Enhanced Cash Fund: | elow) via Direct Debit: tly Monthly 4 weekly Quarterly Regular contribution amount: \$ | | | | | |
| I wish to make regular contributions (as indicated b Frequency: Weekly Fortnigh Fund Enhanced Cash Fund: New Zealand Equities Fund: | elow) via Direct Debit: tly Monthly 4 weekly Quarterly Regular contribution amount: \$ | | | | | |
| I wish to make regular contributions (as indicated b Frequency: Weekly Fortnigh Fund Enhanced Cash Fund: New Zealand Equities Fund: Australian Equities Fund: | elow) via Direct Debit: tly Monthly 4 weekly Quarterly Regular contribution amount: \$ \$ \$ | | | | | |
| I wish to make regular contributions (as indicated b Frequency: Weekly Fortnigh Fund Enhanced Cash Fund: New Zealand Equities Fund: Australian Equities Fund: Listed Property Fund: | DAY MONTH YEAR elow) via Direct Debit: 4 weekly Quarterly tly Monthly 4 weekly Quarterly Regular contribution amount: \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | |
| I wish to make regular contributions (as indicated b Frequency: Weekly Fortnigh Fund Enhanced Cash Fund: New Zealand Equities Fund: Australian Equities Fund: Listed Property Fund: Global Equities Fund: | elow) via Direct Debit: tly Monthly 4 weekly Quarterly Regular contribution amount: \$ \$ \$ \$ \$ \$ \$ \$ | | | | | |
| I wish to make regular contributions (as indicated b Frequency: Weekly Fortnigh Fund Enhanced Cash Fund: New Zealand Equities Fund: Australian Equities Fund: Listed Property Fund: Global Equities Fund: New Zealand Fixed Interest Fund: | DAY MONTH Pelow) via Direct Debit: tly Monthly 4 weekly Quarterly Regular contribution amount: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | |

Section H: Options for Income Fund

Distribution options: If no selection is made, the default option of 'Reinvest' is selected.

Frequency: Please tick one box only.

Bank Account Details: You may alter your bank account details for receiving distributions by contacting us in writing and giving us at least 2 business days notice.

| Income Fund distribution options: | | | | | Rein | /est | | O Direct Credit | | | | | | |
|--|-----------|----------|------|--|------|------|------|-----------------|-------|-----|--|--|--------|--|
| Bank Account Details (if direct credit o | ption cho | sen abov | e) | | | | | | | | | | | |
| Account Name:* | | | | | | | | | Ba | nk: | | | | |
| *Must be in the same name as the applicants in section | A | | | | | | | | | | | | | |
| Account Number: | | | | | | | | | | | | | | |
| | BANK | BR | ANCH | | | | ACCO | JNT NU | JMBER | | | | SUFFIX | |

Section I: Agreement and Signatures

By signing this Application Form:

- I/We apply for units in the Octagon Investment Funds and agree to be bound by the governing documents of the Octagon Investment Funds, as amended from time to time, and by the requirements of applicable law and regulation;
- I/We confirm that I/we have received, read and understood the Product Disclosure Statement for the Octagon Investment Funds;
- I/We direct you to apply my/our investment monies by investing in the investment option(s) of the Octagon Investment Funds that I/we have selected;
- I/We agree that I/we will notify you of my/our Prescribed Investor Rate and any changes to it, and that special rules apply for joint holders and non-residents including the application of the highest Prescribed Investor Rate to jointly held accounts;
- I/We confirm that I/we am/are eligible to invest in the Octagon Investment Funds, and if I/we am/are completing this form on behalf of a minor, that I/we am/are authorised to complete this form on their behalf;
- I/We acknowledge that choosing investment option(s) is solely my/our responsibility, and neither you nor the Supervisor recommends or is advising me/us that any particular investment option is appropriate for my/our personal circumstances;
- I/We agree that where I/we make regular scheduled investments via direct debit, you may notify me/us at the outset of your intention to debit my/our account as instructed until further notice, and not on each initiation of a direct debit payment;
- I/We confirm that the information supplied within this form is true and correct, and is not misleading (including by omission), and I/we agree to notify you in writing within 2 business days if the details that I/we have previously provided to you are or become incomplete, inaccurate, or misleading (including by omission); and
- I/We agree that I/we will provide you with any information or documentation that you request from me/us for the purposes of you complying with any legal requirements.
- I/We understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply.
- I/We have obtained the necessary consent and authorisation to allow disclosure and use of information provided in the Tax Residency Self Certifications.

 I/We will notify Octagon of any changes to any information within 30 days of the change occurring and, where required, will provide Octagon with a new self-certification of tax residency.

Electronic Communications

I/We also agree that:

- if I/we supply you with an email address or register on the Octagon website, to the extent permissible by law you may provide me/us with any notice, report or communication in connection with my/our account to me/us by sending it to me/ us at that email address, or making it available for me/us to view through that website (as applicable);
- if I/we supply you with an email address that is accessible by other persons, those persons will be able to access any electronic communications that you send to me at that address;
- pursuant to section 11(2) of the Unsolicited Electronic Messages Act 2007, any electronic messages (including emails) sent to me/us do not need to include any functional unsubscribe facility; and
- you only intend to send electronic messages to me/us where I/we am/are physically present in New Zealand when the message is accessed.

Privacy

I/We authorise you to:

- collect, hold, and disclose information about me/us for the purposes of providing services to me/us, compliance with applicable laws, administering my/our account, or for your own marketing purposes or to further the relationship between us;
- collect information about me/us from, or disclose information about me/us to, any of your affiliates or any third party who helps you to achieve any of the purposes above, credit reporting agencies, the New Zealand Traffic Authority, the New Zealand Government Confirmation Service and the Department of Internal Affairs for the purpose of verifying my/our identity/ identities in accordance with anti-money laundering laws, any reputable organisations with whom you have a continuing relationship, and any person where required by applicable law or where you believe the giving of information will help prevent fraud, money laundering or other crimes;
- use information about me/us for any of the purposes above;
- vary these privacy terms from time to time without notice to me/us, provided you make the varied terms publicly available at www.octagonasset.co.nz/investment-funds-privacy

Except as authorised above, we will not disclose information about you acquired in connection with your account to other persons, unless you authorise that disclosure. If we do disclose information about you, we may not be allowed to tell you. You have the right to see all personal information that we hold about you. If the information held about you is wrong, you have the right

to have it corrected. To further the relationship between us, we may provide you with information about products and services which we think may be of interest to you.

Instructions for Signing

- Every person named as one of the Directors, Partners, Officers, Trustees or as an Authorised Person must sign below
- At least two Directors must sign on behalf of a Trustee Company, unless the Trustee Company only has one Director in which case the Director's signature must be witnessed as set out on the next page.

| Name: | Name: |
|----------------------|----------------------|
| Signature: | Signature: |
| Date: | Date: |
| Name: | Name: |
| Signature: | Signature: |
| Date: DAY MONTH YEAR | Date: DAY MONTH YEAR |

Section J: Agreement and Signatures (continued)

Witness (if a Trustee Company has only one Director then the Director's signature must be witnessed as set out below)

| Name of Witness: | | | | | | | |
|-------------------------|----|--------|---------|---------|-----|------|--|
| Occupation: | | | | | | | |
| Address: | | | | | | | |
| Street No./Name/PO Box: | | | | | | | |
| | | | | | | | |
| Suburb/RD No.: | | Mail C | Centre: | | | | |
| | | | | | | | |
| Town/City: | | | | Postcoo | de: | | |
| | 1 | | | | | 1 | |
| Signature: | Da | ate: | | | | | |
| | | _ | DAY | MONTH | | YEAR | |
| | | | | | | | |

Acceptance of this application is deemed by the applicants signing this Application Form.

Please post your completed application to: Octagon Investment Funds, Private Bag 1999, Dunedin 9054.

Authority to Accept Direct Debits - Investment Funds

Not to operate as an assignment or an agreement

Name of my account to be debited (acceptor) AUTHORISATION CODE 5 1 0 4 8 9 0 Name of my Bank: Approved 0548 09/21 BANK BRANCH ACCOUNT NUMBER SUFFIX

From the acceptor to:

(my bank)

I authorise you to debit my account with the amounts of direct debits from **Octagon Investment Funds** with the authorisation code specified on this authority in accordance with this authority until further notice. I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Please include the following information on my bank statement:

Authorised Signature: Date: MONTH DAY YEAR Authorised Signature: Date: MONTH YEAR DAY Authorised Signature: Date: MONTH YEAR DAY Authorised Signature: Date: DAY MONTH YFAR Authorised Signature: Date: MONTH DAY YEAR Authorised Signature: Date: MONTH YEAR DAY

Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator may only send a direct debit if you have:

- asked the initiator to send it, and
- agreed the amount of the direct debit.

The initiator is required to give you a written notice of the amount and date of each direct debit no less than the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

Required Signatures: All Account Holders must sign this authority.

What do we need as proof of identity?

If you are a **Trust**, we need to see a **copy** of the Trust Deed and any subsequent deeds of appointment or retirement.

If any Trustee is a Trustee Company, we need to see ALL these documents from an official/ independent source:

- Certificate of Incorporation; and
- **Confirmation of Directors**

If you are an Estate, we will need to see the original or a certified copy of either:

- Probate for the deceased person; or
- Where Probate is not required to be obtained, other documentation that establishes the legal standing of the Estate and of the Executor(s) instructing us on behalf of the Estate or the completed and signed Forsyth Barr Deceased Estate Declaration and Claim/Indemnity Form. This must include a certified copy of the Death Certificate.

Source of funds and wealth

We need information about the source of wealth of the Trust. This refers to how the Trust obtained its wealth or, depending on the purpose of the Trust, how the Settlor or Trustee obtained their wealth. We also need evidence of source of funds.

Examples of information and documentation:

Source of wealth information

- Inheritance from Settlor's mother, Joan Smith, date of birth 3 June 1935.
- Settlor's savings from annual salary earned at XYZ Pty Ltd for the past 10 years.
- Settlor's retirement funds held with ABC KiwiSaver Scheme
- Settlor's income earned as owner of a real estate agency for the past 5 years

Source of funds Documentation information

| Savings account | Bank statement in the |
|---|---|
| in the Trust's | Trust's name reflecting the |
| name | amount to be invested |
| Term deposit with | Term deposit statement |
| Bank ABC in the | from Bank ABC in the |
| Trust's name | Trust's name |
| Solicitor's trust account with Bank ABC | Written confirmation from the solicitor confirming the amount and the bank account details (bank account number and name) |
| Investment | Statement from the |
| account with | financial service provider |
| another financial | reflecting the amount to |
| services provider | be invested |

Note that additional information may be required.

What else is required?

We are also required to verify the identity and address of each Trustee, Trustee Company Director, Trust Beneficial Owner, Executor and Authorised Person involved with the entity. These requirements are outlined below and on the right.

What do you need to provide to set up a direct debit or direct credit to your Octagon account? To set up a direct debit we require a completed

Authority to Accept Direct Debits.

To set up a direct credit we require your written instruction to do so.

We also require bank account documentation. for example:

- a bank encoded deposit slip with preprinted details of bank account name and number[.]
- a bank statement;
- a verification letter or other document of confirmation provided by the Trust or Estate's bank.

We are able to pay funds to -

- a bank account in the name of the Trust or Estate:
- a bank account in the name of a trustee(s);
- the Inland Revenue Department;
- an accountant's trust account or solicitor's trust account: or
- the beneficiary of the Trust.

If you are a Executor, Trustee, Authorised Person, or Trust Beneficial Owner, you need to provide the original for verification, or a certified copy of -

- A current New Zealand Passport
- A current New Zealand Firearms Licence
- Overseas passport or a similar document issued for the purpose of international travel which
 - contains the name, date of birth, a photograph and the signature of the person in whose name the document is issued; and
 - is issued by a foreign government, the United Nations or an agency of the United Nations.
- A national identity card issued for the purpose of identification, that
 - contains the name, date of birth and a photograph of the person in whose name the document is issued and their signature or other biometric measure included where relevant: and
 - is issued by a foreign government, the United Nations or an agency of the United Nations.

If you can't provide any of those forms of identification, you need to provide the original for verification or certified copies of your current New Zealand Driver Licence (showing both sides of the Licence)

plus ONE of these documents:

- Your Birth Certificate or Citizenship Certificate
- A Government agency document with your full name and signature (e.g. SuperGold Card)
- A Government agency statement dated within the last 12 months (e.g. IRD statement)
- A document issued by a registered bank showing your name and signature (e.g. credit/debit card, eftpos card)
- A bank statement dated within the last 12 months issued by a registered bank (delivered by mail, not via internet banking)

What do we need as proof of residential address?

We need a copy of ONE of these documents, dated within the last 12 months with your name and address displayed on it:

- Utility or Rates bill
- Telephone bill
- Insurance policy
- Signed (by the tenant/s and landlord) tenancy or lease agreement
- Share registry statement
- Credit Card statement
- Bank statement
- Government Agency statement (e.g. IRD Statement)
- Electoral Roll entry
- **Online White Pages**

What is 'a certified copy' of a document?

A 'certified copy' of a document is one where a trusted referee has viewed the original document and compared it with a scanned or photocopied version. The trusted referee provides a written statement on the copy to the effect that the copy provided is a true and correct copy and represents your identity. The trusted referee's written statement must include their name, occupation, and signature and the date of confirmation. Please note: This confirmation is only valid for three months.

Who is a 'Trusted Referee'?

He or she is someone who:

- is at least 16 years old •
- is not your spouse or partner
- is not related to you
- does not live at the same address as you
- is not involved in the business or transaction requiring the certification

They must be a:

- Commonwealth representative
- New Zealand Police Constable
- Justice of the Peace
- **Registered Medical Doctor**
- **Registered Teacher**
- Minister of Religion
- Lawyer Notary Public .
- New Zealand Honorary Consul Member of Parliament
- •
- Chartered Accountant •
- Kaumātua (both Koroua and Kuia)

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