



***ELEVATION CAPITAL
GLOBAL SHARES FUND
APPLICATION FORM***

INTRODUCTION

Background

Elevation Capital Management Limited (**Elevation Capital, us, we, our**) is a licensed manager of managed investment schemes (**MIS**) under the Financial Markets Conduct Act 2013. We are also a “reporting entity” for the purposes of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (**AML/CFT Act**).

As a licensed MIS manager and as a reporting entity, we are required to collect and verify certain information about our investors and the persons associated with our investors. This is done at the time that an investor acquires unit(s) in the Elevation Capital Global Shares Fund (**Fund**) and thereafter, at various intervals throughout the time that the investor holds unit(s) in the Fund.

What else do I need to know?

If any of your details change or if the documents or information that you have provided to us become outdated, please notify us immediately.

Any documents or information that we receive from you will be held in accordance with our Privacy Policy. A copy of our Privacy Policy is available on our website or on request.

Got a Question?

If you have any questions in relation to this Application Form, please contact us on 09 379 6493 or by email at admin@elevationcapital.co.nz.

Where should I send my completed Application Form to?

Please post your completed Application Form to:

Elevation Capital Management Limited
C/- Apex Group Limited
P.O. Box 106039
Auckland 1143

INSTRUCTIONS


To invest in the Fund, please:

- **Product Disclosure Statement:** Read the Product Disclosure Statement (**PDS**) relating to the Fund. The PDS can be found [here](#).
- **Application Form:** Complete this Application Form and return the completed copy to us, along with all required documents. The Forms that you are required to complete are set out below.
- **Payment:** Arrange payment for the unit(s) in accordance with the instructions set out in Form 1 (Investment Details).

APPLICANT TYPE	✓	FORMS REQUIRED TO BE COMPLETED
ALL APPLICANTS		Complete Form 1 (Investment Details).
		Complete Checklist.
		Complete a Direct Debit Authority if “Regular Contributions” are selected in Form 1 (Investment Details).
INDIVIDUALS		Complete Form 2 (Individuals / Joint).
		Complete Form 5 (Natural Person) for each “natural person” identified in Form 2 (Individuals / Joint).
COMPANY		Complete Form 3 (Company).
		Complete Form 5 (Natural Person) for each “natural person” identified in Form 3 (Company).
TRUST		Complete Form 4 (Trust).
		Complete Form 5 (Natural Person) for each “natural person” identified in Form 4 (Trust).



FORM 1 | INVESTMENT DETAILS

 **FORMS:** All persons completing this Application Form must complete this Form 1 (Investment Details).

SECTION 1: CONTRIBUTIONS

	<input type="checkbox"/> Single lump sum contribution The minimum contribution is \$50,000.	Contribution (NZ\$):
	<input type="checkbox"/> Regular contributions A minimum initial contribution of NZ\$50,000 applies, followed by a NZ\$100 minimum contribution per month, quarter or annually. Please also complete the Direct Debit Authority at the back of this Application Form.	Initial Contribution (NZ\$): Subsequent Contribution (NZ\$): Frequency: Start date: DD / MMMM / YYYY

PAYMENT INSTRUCTIONS

Payment for unit(s) in the Fund may be made by **personal cheque** or **direct debit**. Cash will not be accepted under any circumstances. **Payments via a personal cheque** that is not from a New Zealand registered bank, may have additional identification requirements. We will advise you of these requirements (if any) on receipt of your cheque. **Payments via direct debit** may only be made from a New Zealand registered bank account. We will not be held liable for insufficiently referenced payments.

Direct debit	Name of bank account to be debited: Public Trust – Elevation Capital Applications	
	Account number: 03-0104-0587862-000	
	Bank: Westpac	Branch: 79 Queen Street, Auckland
	Particulars: If you are an existing investor, supply your account name and unit holder number. If you are a new investor, supply the name that you are investing under.	

SECTION 2: DISTRIBUTION INSTRUCTIONS


Distribution option	<input type="checkbox"/> Reinvest distributions	<input type="checkbox"/> Payout distributions
Account details	Name of bank account to be credited:	
	Account number:	
	Bank:	Branch:


SECTION 3: ADVISER DETAILS

Contact details	Full legal name of the adviser:	
	Company name:	Adviser's FSP number:
	Principal business address or registered office address of the adviser: Note: P.O.Boxes are not accepted.	
	Work phone:	Mobile phone:
	Email:	
Address for service	<input type="checkbox"/> Please confirm if your address for service is through your adviser.	



FORM 2 | INDIVIDUALS / JOINT

 **FORMS:** Complete this Form 2 (Individuals / Joint) if you are investing in the Fund in your own right or jointly with another individual.

 **REMINDER:** Please list and attach in Section 8 (Supporting Documents), all supporting documents with this symbol .

WHAT DO I NEED TO KNOW BEFORE COMPLETING THIS FORM?

Where an individual or individuals are investing to acquire units in the Fund, we are required to collect and verify information relating to the following:

Customer (Section 1): The individual(s) himself or herself or themselves.

Beneficial Owners (Section 6): All beneficial owners of the individual(s), being those “natural persons” on whose behalf the transaction is being conducted (if any).

Persons Acting on Behalf (Section 7): Any person who is authorised to act on behalf of the individual(s).

A description of who falls into each of the above categories is set out in the respective sections below.

SECTION 1: INFORMATION ABOUT THE INDIVIDUAL(S)

Important information about this section: The purpose of this section is to collect information about the individual(s). If you are acquiring units in the Fund in your own right (i.e. not jointly) complete ‘Person 1’ **only**. If you are acquiring units in the Fund jointly with another person, then please complete ‘Person 1’ **and** ‘Person 2’.

Minors: If you are under 18 years of age, we will need to verify certain information about both yourself, and your parent(s)/guardian(s). Please list your details in ‘Person 1’ and the details of your parent(s)/guardian(s) in Section 7 (Persons Acting on Behalf). Note: If you are under 15 years of age, your parent(s)/guardian(s) will need to sign this Form 2 (Individuals/Joint) on your behalf.

REFERENCE	PERSON 1	PERSON 2
	Full legal name:	Full legal name:
	Date of birth:	Date of birth:
	Residential address: Note: Please include country of residence. P.O. Boxes are not accepted.	Residential address: Note: Please include country of residence. P.O. Boxes are not accepted.
	Email:	Email:
	Contact number:	Contact number:
	Occupation:	Occupation:
	IRD number:	IRD number:
	PIR: <input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28%	PIR: <input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28%

SECTION 2: RELATIONSHIP OF PERSON 1 AND PERSON 2

Provide an explanation of the relationship between Person 1 and Person 2.

SECTION 3: NATURE AND PURPOSE FOR INVESTING

New Investor

Existing Investor (specify your investor holder number):

Provide a detailed explanation of why you would like to invest in the Fund. As part of this explanation, please include information about the amount of your investment, source of these funds (e.g savings, sale of business or property, or inheritance) and how long you expect to be an investor in the Fund.



SECTION 4: VERIFICATION OF IDENTITY

Important information about this section: You may verify your identity via Electronic Verification (Part A) **OR** Documentary Verification (Part B).

PART A: ELECTRONIC VERIFICATION

Please provide us with the details of your current New Zealand Passport **OR** your current New Zealand Drivers Licence. If you do not have a current New Zealand Passport **OR** a current New Zealand Drivers Licence, then please provide the documents set out in Part B (Documentary Verification).

PERSON 1		PERSON 2	
Option 1		Option 1	
New Zealand passport number:		New Zealand passport number:	
Expiry date:		Expiry date:	
Option 2		Option 2	
New Zealand drivers licence number:		New Zealand drivers licence number:	
Expiry date:		Expiry date:	
Version number:		Version number:	

PART B: DOCUMENTARY VERIFICATION

Please provide the documents set out in "Option 1" **OR** "Option 2" below. Please ensure that all documents have been certified in accordance with the Certification Guide that accompanies this Application Form.

PERSON 1		PERSON 2	
Option 1		Option 1	
<input type="checkbox"/> Current New Zealand Passport; OR <input type="checkbox"/> Current New Zealand Firearms Licence; OR <input type="checkbox"/> Current Overseas Passport (specify):		<input type="checkbox"/> Current New Zealand Passport; OR <input type="checkbox"/> Current New Zealand Firearms Licence; OR <input type="checkbox"/> Current Overseas Passport (specify):	
Option 2		Option 2	
<input type="checkbox"/> New Zealand Drivers Licence (front and back); AND Select one <input type="checkbox"/> New Zealand/Overseas Birth Certificate; OR <input type="checkbox"/> New Zealand/Overseas Citizenship Certificate; OR <input type="checkbox"/> New Zealand Bank Statement issued in the last 12 months; OR <input type="checkbox"/> New Zealand Bank Card (front and back); OR <input type="checkbox"/> Statement issued by a Government Agency in the last 12 months; OR <input type="checkbox"/> Document issued by a Government Agency in the last 12 months (showing your name and signature).		<input type="checkbox"/> New Zealand Drivers Licence (front and back); AND Select one <input type="checkbox"/> New Zealand/Overseas Birth Certificate; OR <input type="checkbox"/> New Zealand/Overseas Citizenship Certificate; OR <input type="checkbox"/> New Zealand Bank Statement issued in the last 12 months; OR <input type="checkbox"/> New Zealand Bank Card (front and back); OR <input type="checkbox"/> Statement issued by a Government Agency in the last 12 months; OR <input type="checkbox"/> Document issued by a Government Agency in the last 12 months (showing your name and signature).	

SECTION 5: PROOF OF ADDRESS

Important information about this section: Please provide us with a copy (in the case of New Zealand residents) or a certified copy (in the case of non-New Zealand residents) of one of the following documents dated within the last six months that includes your name and residential address (P.O. Boxes are not acceptable). Please ensure that documents requiring certification have been certified in accordance with the Certification Guide that accompanies this Application Form.

Utility Bill Rates Invoice Bank Statement IRD Statement

Document or statement issued by a Government Agency (specify):

SECTION 6: BENEFICIAL OWNERS

Important information about this section: The purpose of this section is to understand if the units in the Fund are being acquired on behalf of another person. Where this occurs, this/these person(s) must also be identified and verified.

Are the unit(s) in the Fund being acquired on behalf of another person? Yes No

If 'Yes', please detail in the table below each "natural person" that the transaction is being conducted on behalf of.

Complete **Form 5 (Natural Person)** for each person listed in this table.

REF	FULL NAME	ANY OTHER RELEVANT DETAILS
BO-WB1		
BO-WB2		
BO-WB3		

SECTION 7: PERSONS ACTING ON BEHALF

Important information about this section: The purpose of this section is to identify persons who are authorised to act on your behalf in relation to your dealings with us.

Complete **Form 5 (Natural Person)** for each person listed in this table.

REF	FULL NAME	SOURCE OF AUTHORITY
PAB-1		
PAB-2		
PAB-3		

Provide evidence of the authority to act on behalf of the individual. 

SECTION 8: SUPPORTING DOCUMENTS

Instructions: Please mark on each supporting document, the corresponding number set out in the table below.

1.	
2.	
3.	
4.	
5.	
6.	

COMPLETE AND SIGN THE ACKNOWLEDGMENT ON THE FOLLOWING PAGE



ACKNOWLEDGEMENTS

Acknowledgements relating to the Fund

- I confirm that I have read and understood the Product Disclosure Statement.
- I confirm that I have read, understood and agree to be bound by the terms of the Trust Deed for the Fund.
- I understand that the Fund is a vehicle for long term investments and as the Fund invests in shares, the value of my investment is liable to fluctuations, causing it to rise and fall from time to time.
- I confirm that I understand how fees will be deducted from my investment.
- I consent to the receipt of information and documents relating to my investment in the Fund by electronic communication.

Acknowledgements relating to personal information

Other acknowledgements relating to personal information are contained in their applicable sub-sections.

- I have read, understood and agree to the terms of your Privacy Policy.
- I acknowledge that you may need to disclose information about me and my investment in the Fund to the Financial Markets Authority and to your appointed Statutory Supervisor in order to comply with your obligations under the Financial Markets Conduct Act 2013 and other applicable laws. I agree to the disclosure of this information.

Acknowledgements relating to anti-money laundering and countering financing of terrorism

- I give my consent to you to verify my identity by disclosing personal information about me such as my name, date of birth and address to your nominated electronic verification provider(s) for the purposes of undertaking electronic checks on me in order for you to satisfy your obligations under the Anti-Money Laundering and Countering Financing Terrorism Act 2009 (AML/CFT Act) (and related regulations and materials).
- I am not aware, and do not have any reason to suspect, that any of the monies used to acquire unit(s) in the Fund are derived from money laundering or terrorism financing or any other illegal activity as defined by the laws of New Zealand.
- I agree to provide to you with any further documents that you request from time to time to comply with your obligations under the AML/CFT Act (and related regulations and materials).

Acknowledgements relating to tax

- I acknowledge that you may be obliged to share the information that I provide to you with relevant domestic and foreign tax authorities in accordance with applicable tax laws and regulations, including the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). I agree to the provision of this information.
- I acknowledge that a failure to advise a prescribed investor rate (PIR) or the provision of an incorrect PIR to you, may result in an incorrect amount of tax being deducted from my investment and that I will be liable to pay any resulting shortfall and must also file a tax return.


Acknowledgements relating to this Application Form



- I confirm that the information and documents that I have provided to you are accurate and complete, and that I will advise you of any changes to this information or the documents provided. We will comply with any requests for information or documents that you make in relation to the changes.
- I confirm that I have the authority to complete and provide this Application Form to you.
- I understand that this Application Form cannot be withdrawn or reworked and that you reserve the right to reject any Application Form in whole, or in part, without giving any reason.

Person 1	Signature	Name	Date
Person 2	Signature	Name	Date
Parent(s)/guardian(s)	Signature	Name	Date
Parent(s)/guardian(s)	Signature	Name	Date



FORM 3 | COMPANY

 **FORMS:** Complete this Form 3 (Company) if you are a company investing in the Fund.

 **REMINDER:** Please list and attach in Section 5 (Supporting Documents), all supporting documents with this symbol .

WHAT DO I NEED TO KNOW BEFORE COMPLETING THIS FORM?

Where a company is investing to acquire units in the Fund, we are required to collect and verify information relating to the following:

Company (Section 1): The company itself.

Beneficial Owners (Section 3): All beneficial owners of the company, being those “natural persons” who satisfy any one of the following criteria:



- Own more than 25% of the company.
- Have effective control of the company.
- On whose behalf the transaction is being conducted.

Persons Acting on Behalf (Section 4): Any persons acting on behalf of the company.

A description of who falls within each of the above categories is set out in the respective sections.

SECTION 1: INFORMATION ABOUT THE COMPANY

Important information about this section: The purpose of this section is to collect information about the company itself.

	Full legal name of the company:	
	Trading name (if different from the legal name):	
	Principal business address or registered office address (including country of incorporation): Note: P.O. Boxes are not acceptable.	
	Company identifier or registration number (if applicable):	Date of incorporation:
	IRD number:	PIR: <input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28%
	Work number:	Email:
	Industry type Please provide an explanation of the industry that the company operates within.	
	Company structure  Is the company a vehicle for holding personal assets? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the company have nominee shareholders or shares in bearer form? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', to any of the above, please provide a detailed explanation of the source of wealth and source of funds of the company and provide evidence of the same.	
	Company documents  Provide a copy of the Companies Extract from the New Zealand Companies Office website or the relevant overseas Companies Office.	



SECTION 2: NATURE AND PURPOSE FOR INVESTING

<input type="checkbox"/> New Investor	<input type="checkbox"/> Existing Investor (Specify the investor holder number):
<p>Provide a detailed explanation of why the company would like to invest in the Fund. As part of this explanation, please include information about how many units the company expects to acquire in the Fund and how long the company expects to be an investor in the Fund.</p>	

SECTION 3: BENEFICIAL OWNERS

SECTION 3A: OWNS MORE THAN 25% OF THE COMPANY

Important information about this section: The purpose of this section is to understand the ownership structure of the company and collect details of those “natural persons” who directly and/or indirectly own greater than 25% of the company (in aggregate). Where a shareholder is a non-individual, further investigations will be required until the individual who sits behind those non-individuals have been identified, and the ultimate ownership structure of the company is understood.

Shareholders

Please complete the table for each “natural person” that directly or indirectly, owns greater than 25% of the company (in aggregate).

Complete **Form 5 (Natural Person)** for each person listed in this table.

REF	FULL NAME	PARTICULARS OF THE SHAREHOLDER
BO->25%1		
BO->25%2		
BO->25%3		
BO->25%4		
BO->25%5		
BO->25%6		
BO->25%7		
BO->25%8		

SECTION 3B: WHO HAS EFFECTIVE CONTROL OF THE COMPANY

Important information about this section: The purpose of this section is to understand who has effective control of the company and collect information about those “natural persons” who have effective control. This includes persons who are responsible for governing and managing the company.

Directors / senior managers

Specify all directors and senior managers of the company in the table below.

Complete **Form 5 (Natural Person)** for each person listed in this table.

REF	FULL NAME	POSITION(S)	PREVIOUSLY REFERRED TO IN THIS FORM? (specify reference)
BO-EC1			<input type="checkbox"/> Yes
BO- EC2			<input type="checkbox"/> Yes
BO- EC3			<input type="checkbox"/> Yes
BO- EC4			<input type="checkbox"/> Yes
BO- EC5			<input type="checkbox"/> Yes
BO- EC6			<input type="checkbox"/> Yes
BO- EC7			<input type="checkbox"/> Yes
BO- EC8			<input type="checkbox"/> Yes

SECTION 3C: ON WHOSE BEHALF IS THE TRANSACTION BEING CONDUCTED?

Important information about this section: The purpose of this section is to understand if the transaction is being conducted on behalf of another person. Where this occurs, the “natural persons” who the transaction is being conducted on behalf of must be identified and verified.

Are the unit(s) in the Fund being acquired on behalf of another person? Yes No

If 'YES', detail in the table below each “natural person” that the transaction is being conducted on behalf of.

Complete **Form 5 (Natural Person)** for each person listed in this table.

REF	FULL NAME	ANY OTHER RELEVANT DETAILS	PREVIOUSLY REFERRED TO IN THIS FORM? (specify reference)
BO-WB1			<input type="checkbox"/> Yes
BO-WB2			<input type="checkbox"/> Yes
BO-WB3			<input type="checkbox"/> Yes
BO-WB4			<input type="checkbox"/> Yes
BO-WB5			<input type="checkbox"/> Yes


SECTION 4: PERSONS ACTING ON BEHALF

Important information about this section: The purpose of this section is to collect information about those persons who are authorised to act on behalf of the company in relation to its dealings with us.

If an 'entity' is authorised to act on behalf of the company, then complete **both** tables contained in this section.


If an 'individual' is authorised to act on behalf of the company, then only complete the second table in this section.

Entity Name	
Company identifier or registration number	
Principal business address or registered office	

Provide a copy of the Company Extract (or equivalent document) to verify the information above 

Complete **Form 5 (Natural Person)** for each person listed in this table.

REF	FULL NAME	POSITION(S)	SOURCE OF AUTHORITY
PAB-1			
PAB-2			
PAB-3			
PAB-4			

Provide evidence of the authority to act on behalf of the company. 

SECTION 5: SUPPORTING DOCUMENTS

Instructions: Please mark on each supporting document, the corresponding number set out in the table below.

1.	
2.	
3.	
4.	
5.	
6.	

COMPLETE AND SIGN THE ACKNOWLEDGMENT ON THE FOLLOWING PAGE





ACKNOWLEDGEMENTS

Acknowledgements relating to the company

- We confirm that we are authorised to complete this Application Form, invest in the Fund and to enter any related documentation on behalf of the company.
- We confirm that any instructions provided by us are binding on the company.

Acknowledgements relating to the Fund

- We confirm that we have read and understood the Product Disclosure Statement.
- We confirm that we have read, understood and agree to be bound by, the terms of the Trust Deed for the Fund.
- We understand that the Fund is a vehicle for long term investments and as the Fund invests in shares, the value of the investment is liable to fluctuations, causing it to rise and fall from time to time.
- We confirm that we understand how fees will be deducted from the investment.
- We consent to the receipt of information and documents relating to the investment in the Fund by electronic communication.

Acknowledgements relating to the trust

Other acknowledgements relating to the trust are contained in their applicable sub-sections.

- We acknowledge that we have read, understood and agree to the terms of your Privacy Policy.
- We acknowledge that you may need to disclose information about the investment in the Fund to the Financial Markets Authority and to your appointed Statutory Supervisor in order to comply with your obligations under the Financial Markets Conduct Act 2013 and other applicable laws. We agree to the disclosure of this information.

Acknowledgements relating to anti-money laundering and countering financing of terrorism

- We are not aware, and do not have any reason to suspect, that any of the monies used to acquire unit(s) in the Fund are derived from money laundering or terrorism financing, or any other illegal activity as defined by the laws of New Zealand.
- We agree to provide to you with any further documents that you request from time to time to comply with your obligations under the AML/CFT Act (and related regulations and materials).

Acknowledgements relating to tax

- We acknowledge that you may be obliged to share the information that we provide to you with relevant domestic and foreign tax authorities in accordance with applicable tax laws and regulations, including the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). We agree to the provision of this information.
- We acknowledge that a failure to advise a prescribed investor rate (**PIR**) or the provision of an incorrect PIR to you, may result in an incorrect amount of tax being deducted from our investment and that we will be liable to pay any resulting shortfall and must also file a tax return.


Acknowledgements relating to this Application Form


- We confirm that the information and documents that we have provided to you are accurate and complete, and that we will advise you of any changes to this information or the documents provided. We will comply with any requests for information or documents that you make in relation to the changes.
- We understand that this Application Form cannot be withdrawn or reworked and that you reserve the right to reject any Application Form in whole, or in part, without giving any reason.
- The Application Form and Direct Debit Authority (if applicable) have been properly signed by us in our capacity as directors of the company.

Director 1	Signature	Name	Company	Date
Director 2	Signature	Name	Company	Date



FORM 4 | TRUST

 **FORMS:** Complete this Form 4 (Trust) if you are a trust investing in the Fund.

 **REMINDER:** Please list and attach in Section 6 (Supporting Documents), all supporting documents with this symbol .

WHAT DO I NEED TO KNOW BEFORE COMPLETING THIS FORM?

Where a trust is investing to acquire units in the Fund, we are required to collect and verify information relating to the following:

Customer (Section 1): The trust itself.

Beneficial Owners (Section 3): All beneficial owners of the trust, being those “natural persons” who satisfy any one of the following criteria:



- Own more than 25% of the trust.
- Have effective control of the trust.
- On whose behalf the transaction is being conducted.

Persons Acting on Behalf (Section 4): Any persons acting on behalf of the trust.

A description of who falls within each of the above categories is set out in the respective sections.

SECTION 1: INFORMATION ABOUT THE TRUST

Important information about this section: The purpose of this section is to collect information about the trust itself.

	Full legal name of the trust:			
	Address of the trust: Note: P.O. Boxes are not accepted. The address of a trustee can be used if the trust does not have a physical address or is operating from the address of the trustee. Please include the country of establishment.			
	Registration number (if applicable):			
	IRD number:	PIR:	<input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28%	
Type of trust: <input type="checkbox"/> Family <input type="checkbox"/> Charitable <input type="checkbox"/> Other (specify):				
	Trust documents  Provide a copy of the latest Trust Deed and any related documents. Related documents include documents that vary the terms of the Trust Deed or appoint or remove trustees of the trust.			
	Proof of address  Provide a copy of one of the following issued within the last <u>six months</u> evidencing the address of the trust or the address of a trustee, where the trust does not have a physical address or is operating from the address of the trustee.			
	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Rates Invoice	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Charities Register
	<input type="checkbox"/> Document or statement issued by a Government Agency (specify):			

SECTION 2: NATURE AND PURPOSE FOR INVESTING

	<input type="checkbox"/> New Investor	<input type="checkbox"/> Existing Investor (specify the investor holder number):
	Provide a detailed explanation of why the trust would like to invest in the Fund. As part of this explanation, please include information about how many units the trust expects to acquire in the Fund and how long the trust expects to be an investor in the Fund.	

SECTION 3: BENEFICIAL OWNERS

SECTION 3A: OWNS MORE THAN 25% OF THE TRUST

Important information about this section: The purpose of this section is to collect information about the beneficiaries of the trust and to verify those beneficiaries who “own more than 25% of the trust”. In the context of a trust, this is every beneficiary of a trust unless the trust is a ‘discretionary trust, or a ‘charitable trust’, or is a ‘fixed trust’ that has more than 10 beneficiaries.


	Select one <input type="checkbox"/> Charitable <input type="checkbox"/> Discretionary <input type="checkbox"/> Fixed		
	Charitable Trust		
	If the trust is a charitable trust, specify the object or purpose of the trust:		
	Discretionary Trust		
	If the trust is a discretionary trust, specify the class or type of beneficiaries:		
	Fixed Trust		
	If the trust is a fixed trust, does the trust have 10 or fewer beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If ‘No’, specify the class or type of beneficiaries:		
	If ‘Yes’, please provide details of each beneficiary in the table below.		
	REF	FULL NAME	REF
	BO- >25%1		BO- >25%6
	BO- >25%2		BO- >25%7
	BO- >25%3		BO- >25%8
	BO- >25%4		BO- >25%9
	BO- >25%5		BO- >25%10

SECTION 3B: WHO HAS EFFECTIVE CONTROL OF THE TRUST

Important information about this section: The purpose of this section is to understand who has effective control of the trust, including control over the assets of the trust, the ability to appoint and remove trustees and the ability to amend the Trust Deed. This may include, but is not limited to, the trustees of the trust, the protector, the settlor and/or the appointer.

Where a trust has a trustee company as a trustee, please populate the subsection titled “Trustee Company/Statutory Trustee Company”. All directors of the company will need to be identified and those who have signing authority or authority to act on behalf of the trust in relation to the trust’s dealings with us, will need to be identified and verified.


Where a trust has a statutory trustee company as a trustee (e.g. Trustees Executor Limited or Public Trust), the subsection titled “Trustee Company/Statutory Trustee Company” should be populated. All representatives who have signing authority or authority to act on behalf of the trust in relation to the trust’s dealings with us, will need to be identified and verified.

Individual  Complete Form 5 (Natural Person) for each person listed in this table.	<table border="1"> <thead> <tr> <th>REF</th> <th>FULL NAME</th> <th>POSITION</th> </tr> </thead> <tbody> <tr> <td>BO-ECI1</td> <td></td> <td> <input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify): </td> </tr> <tr> <td>BO-ECI2</td> <td></td> <td> <input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify): </td> </tr> <tr> <td>BO-ECI3</td> <td></td> <td> <input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify): </td> </tr> <tr> <td>BO-ECI4</td> <td></td> <td> <input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify): </td> </tr> <tr> <td>BO-ECI5</td> <td></td> <td> <input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify): </td> </tr> <tr> <td>BO-ECI6</td> <td></td> <td> <input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify): </td> </tr> </tbody> </table>	REF	FULL NAME	POSITION	BO-ECI1		<input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify):	BO-ECI2		<input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify):	BO-ECI3		<input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify):	BO-ECI4		<input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify):	BO-ECI5		<input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify):	BO-ECI6		<input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify):
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	BO-ECI3		<input type="checkbox"/> Trustee <input type="checkbox"/> Appointer <input type="checkbox"/> Protector <input type="checkbox"/> Settlor <input type="checkbox"/> Other (specify):																			
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Trustee Company / Statutory Trustee Company  Complete Form 5 (Natural Person) for each person listed in this table.	<table border="1"> <tr> <td>Name of Trustee Company</td> <td></td> </tr> <tr> <td>Company identifier or registration number</td> <td></td> </tr> <tr> <td>Principal business address or registered office</td> <td></td> </tr> </table>	Name of Trustee Company		Company identifier or registration number		Principal business address or registered office							
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	Principal business address or registered office												
Provide a copy of the Company Extract (or equivalent document) to verify the information above. 													
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REF	FULL NAME	POSITION											
BO-ECTC1													
BO-ECTC2													
BO-ECTC3													

SECTION 3C: ON WHOSE BEHALF IS THE TRANSACTION BEING CONDUCTED?

Important information about this section: The purpose of this section is to understand who the trust is acquiring units in the Fund on behalf of other than the beneficiaries of the trust.

 Complete Form 5 (Natural Person) for each person listed in this table.	Are the unit(s) in the Fund being acquired on behalf of another person? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'YES', detail in the table below each "natural person" that the transaction is being conducted on behalf of.													
	<table border="1"> <thead> <tr> <th>REF</th> <th>FULL NAME</th> <th>ANY OTHER RELEVANT DETAILS</th> </tr> </thead> <tbody> <tr> <td>BO-WB1</td> <td></td> <td></td> </tr> <tr> <td>BO-WB2</td> <td></td> <td></td> </tr> <tr> <td>BO-WB3</td> <td></td> <td></td> </tr> </tbody> </table>	REF	FULL NAME	ANY OTHER RELEVANT DETAILS	BO-WB1			BO-WB2			BO-WB3			
	REF	FULL NAME	ANY OTHER RELEVANT DETAILS											
	BO-WB1													
BO-WB2														
BO-WB3														

SECTION 4: PERSONS ACTING ON BEHALF


Important information about this section: The purpose of this section is to collect information about those persons who are authorised to act on behalf of the trust in relation to its dealings with us.

If an **'entity'** is authorised to act on behalf of the trust, then complete **both** tables contained in this section.
If an **'individual'** is authorised to act on behalf of the trust, then only complete the second table in this section.

Entity Name	
Company identifier or registration number	
Principal business address or registered office	

Provide a copy of the Company Extract (or equivalent document) to verify the information above. 

REF	FULL NAME	POSITION	SOURCE OF AUTHORITY
PAB-1			
PAB-2			
PAB-3			

Provide evidence of the authority to act on behalf of the trust. 

SECTION 5: SOURCE OF WEALTH/SOURCE OF FUNDS

Important information about this section: Please provide information about the source of wealth and/or source of funds for the trust and evidence supporting this information.

Provide information about the source of wealth and/or source of funds for the trust. Include details of the major source(s) of funds used to invest in the Fund.

Provide evidence to verify the source of wealth and/or source of wealth for the trust. 

SECTION 6: SUPPORTING DOCUMENTS

Instructions: Please mark on each supporting document, the corresponding number set out in the table below.

1.	
2.	
3.	
4.	
5.	
6.	

COMPLETE AND SIGN THE ACKNOWLEDGMENT ON THE FOLLOWING PAGE



ACKNOWLEDGEMENTS

Acknowledgements relating to the trust

- We confirm that we are each current and validly appointed trustees of the trust and that there are no other trustees of the trust.
- We confirm that there are no circumstances which would invalidate the Application Form, the transactions contemplated by the Application Form or any related documentation.
- We confirm that all trustee resolutions and authorities required by law and necessary pursuant to the Trust Deed that accompanies this Application Form, have been passed or given, to enable us, the trustees of the trust, to invest in the Fund on behalf of the trust.

Acknowledgements relating to the Fund

- We confirm that we have read and understood the Product Disclosure Statement.
- We confirm that we have read, understood and agree to be bound by, the terms of the Trust Deed for the Fund.
- We understand that the Fund is a vehicle for long term investments and as the Fund invests in shares, the value of our investment is liable to fluctuations, causing it to rise and fall from time to time.
- We confirm that we understand how fees will be deducted from our investment.
- We consent to the receipt of information and documents relating to our investment in the Fund by electronic communication.

Acknowledgements relating to the trust

Other acknowledgements relating to the trust are contained in their applicable sub-sections.

- We acknowledge that we have read, understood and agree to the terms of your Privacy Policy.
- We acknowledge that you may need to disclose information about our investment in the Fund to the Financial Markets Authority and to your appointed Statutory Supervisor in order to comply with your obligations under the Financial Markets Conduct Act 2013 and other applicable laws. We agree to the disclosure of this information.

Acknowledgements relating to anti-money laundering and countering financing of terrorism

- We are not aware, and do not have any reason to suspect, that any of the monies used to acquire unit(s) in the Fund are derived from money laundering or terrorism financing, or any other illegal activity as defined by the laws of New Zealand.
- We agree to provide to you with any further documents that you request from time to time to comply with your obligations under the AML/CFT Act (and related regulations and materials).

Acknowledgements relating to tax

- We acknowledge that you may be obliged to share the information that we provide to you with relevant domestic and foreign tax authorities in accordance with applicable tax laws and regulations, including the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). We agree to the provision of this information.
- We acknowledge that a failure to advise a prescribed investor rate (**PIR**) or the provision of an incorrect PIR to you, may result in an incorrect amount of tax being deducted from our investment and that we will be liable to pay any resulting shortfall and must also file a tax return.


Acknowledgements relating to this Application Form



- We confirm that the information and documents that we have provided to you are accurate and complete, and that we will advise you of any changes to this information or the documents provided. This includes, for the avoidance of doubt, changes to the trustees of the trust or the Trust Deed. We will comply with any requests for information or documents that you make in relation to the changes.
- We understand that this Application Form cannot be withdrawn or reworked and that you reserve the right to reject any Application Form in whole, or in part, without giving any reason.
- The Application Form and Direct Debit Authority (if applicable) have been properly signed by us in our capacity as trustees of the trust.



Trustee 1	Signature	Name	Trust	Date
Trustee 2	Signature	Name	Trust	Date
Trustee 3	Signature	Name	Trust	Date
Trustee 4	Signature	Name	Trust	Date
Trustee 5	Signature	Name	Trust	Date



 **FORMS:** Complete this Form 5 (Natural Person) if you have been identified as a “natural person” in Form 2 (Individual/Joint), Form 3 (Company) or Form 4 (Trust).

 **REMINDER:** Please list and attach in Section 5 (Supporting Documents), all supporting documents with this symbol  .

SECTION 1: INFORMATION ABOUT THE ‘NATURAL PERSON’

Important information about this section: The purpose of this section is to collect information about the “natural person”.

	Full legal name:	
	Date of birth:	
	Residential address: Note: Please include country of residence. P.O. Boxes are not accepted.	
	Contact number:	Email:

SECTION 2: RELATIONSHIP TO THE INVESTOR

	Provide an explanation of your relationship to the investor.
--	---

SECTION 3: VERIFICATION OF IDENTITY

Important information about this section: You may verify your identity via Electronic Verification (Part A) **OR** Documentary Verification (Part B).

PART A: ELECTRONIC VERIFICATION

Please provide us with the details of your current New Zealand Passport **OR** your current New Zealand Drivers Licence. If you do not have a current New Zealand Passport **OR** a current New Zealand Drivers Licence, then please provide the documents set out in Part B (Documentary Verification).

Option 1

New Zealand passport number:		Expiry date:	
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Option 2

New Zealand drivers licence number:		Version number:		Expiry date:	
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PART B: DOCUMENTARY VERIFICATION

Please provide the documents set out in “Option 1” **OR** “Option 2” below. Please ensure that all documents have been certified in accordance with the Certification Guide that accompanies this Application Form.

Option 1

Select one

- Current New Zealand Passport; Current New Zealand Firearms Licence; Current Overseas Passport (specify):
OR



Option 2

New Zealand Drivers Licence (front and back); **AND**

Select one

New Zealand/Overseas Birth Certificate; **OR**

New Zealand Bank Card (front and back); **OR**

New Zealand/Overseas Citizenship Certificate; **OR**

Statement issued by a Government Agency in the last 12 months; **OR**

New Zealand Bank Statement issued in the last 12 months; **OR**

Document issued by a Government Agency in the last 12 months (showing your name and signature).

SECTION 4: PROOF OF ADDRESS

Important information about this section: Please provide us with a copy (in the case of New Zealand residents) or a certified copy (in the case of non-New Zealand residents) of one of the following documents dated within the last six months that includes your name and residential address (P.O. Boxes are not acceptable). Please ensure that documents requiring certification have been certified in accordance with the Certification Guide that accompanies this Application Form.

Utility Bill

Rates Invoice

Bank Statement

IRD Statement

Document or statement issued by a Government Agency (specify):

SECTION 5: SUPPORTING DOCUMENTS

Instructions: Please mark on each supporting document, the corresponding number set out in the table below.

1.

2.

3.

✓ ACKNOWLEDGEMENTS**Acknowledgements relating to personal information**

Other acknowledgements relating to personal information are contained in their applicable sub-sections.

I have read, understood and agree to the terms of your Privacy Policy.

I acknowledge that you may need to disclose information about me to the Financial Markets Authority and to your appointed Statutory Supervisor in order to comply with your obligations under the Financial Markets Conduct Act 2013 and other applicable laws. I agree to the disclosure of this information.

Acknowledgements relating to anti-money laundering and countering financing of terrorism

I give my consent to you to verify my identity by disclosing personal information about me such as my name, date of birth and address to your nominated electronic verification provider(s) for the purposes of undertaking electronic checks on me in order for you to satisfy your obligations under the Anti-Money Laundering and Countering Financing Terrorism Act 2009 (**AML/CFT Act**) (and related regulations and materials).

I agree to provide to you with any further documents that you request from time to time to comply with your obligations under the AML/CFT Act (and related regulations and materials).

Acknowledgements relating to tax

I acknowledge that you may be obliged to share the information that I provide to you with relevant domestic and foreign tax authorities in accordance with applicable tax laws and regulations, including the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). I agree to the provision of this information.

Acknowledgements relating to this Application Form

I confirm that the information and documents that I have provided to you are accurate and complete, and that I will advise the investor investing in the Fund of any changes to this information or the documents provided. I will comply with any requests for information or documents that you make in relation to the changes.

Person	Signature	Name	Date
--------	-----------	------	------

CHECKLIST

FORM 1 (INVESTMENT DETAILS)



Have you read and understood the Product Disclosure Statement?

Have you completed Section 1 (Contributions)?

Have you completed Section 2 (Distributions Instructions)?

If applicable, have you completed Section 3 (Adviser Details)?

If applicable, have you completed a Direct Debit Authority?

Have you read and understood the payment instructions?

FORM 2 (INDIVIDUALS / JOINT)

Have you completed Section 1 (Information about the Individual(s))?

If applicable, have you completed Section 2 (Relationship of Person 1 and Person 2)?

Have you completed Section 3 (Nature and Purpose for Investing)?

Have you completed Section 4 (Verification of Identity)?

Have you completed Section 5 (Proof of Address)?

Have you completed Section 6 (Beneficial Owners)?

If applicable, have you attached Form 5 (Natural Person) for all 'natural persons' identified in Section 6 (Beneficial Owners)?

Have you completed Section 7 (Persons Acting on Behalf)?

If applicable, have you attached Form 5 (Natural Person) for all 'natural persons' identified in Section 7 (Persons Acting on Behalf)?

Have you attached all supporting documents that you have listed in Section 8 (Supporting Documents)?

Have you read, understood and completed the acknowledgements and signed Form 2 (Individuals / Joint)?

DOCUMENTS – FORM 3 (COMPANY)

Have you completed Section 1 (Information about the Company)?

Have you completed Section 2 (Nature and Purpose for Investing)?

Have you completed Section 3 (Beneficial Owners)?

If applicable, have you attached Form 5 (Natural Person) for all 'natural persons' identified in Section 3 (Beneficial Owners)?

Have you completed Section 4 (Persons Acting on Behalf)?

If applicable, have you attached Form 5 (Natural Person) for all 'natural persons' identified in Section 4 (Persons Acting on Behalf)?

Have you attached all supporting documents that you have listed in Section 5 (Supporting Documents)?

Have you read, understood and completed the acknowledgements and signed Form 3 (Company)?



DOCUMENTS – FORM 4 (TRUST)

Have you completed Section 1 (Information about the Trust)?	<input type="checkbox"/>
Have you completed Section 2 (Nature and Purpose for Investing)?	<input type="checkbox"/>
Have you completed Section 3 (Beneficial Owners)?	<input type="checkbox"/>
If applicable, have you attached Form 5 (Natural Person) for all 'natural persons' identified in Section 3 (Beneficial Owners)?	<input type="checkbox"/>
Have you completed Section 4 (Persons Acting on Behalf)?	<input type="checkbox"/>
If applicable, have you attached Form 5 (Natural Person) for all 'natural persons' identified in Section 4 (Persons Acting on Behalf)?	<input type="checkbox"/>
Have you attached all supporting documents that you have listed in Section 5 (Supporting Documents)?	<input type="checkbox"/>
Have you read, understood and completed the acknowledgements and signed Form 3 (Trust)?	<input type="checkbox"/>

DOCUMENTS – FORM 5 (NATURAL PERSON)

Have you completed Section 1 (Information about the Natural Person)?	<input type="checkbox"/>
Have you completed Section 2 (Relationship to the Investor)?	<input type="checkbox"/>
Have you completed Section 3 (Verification of Identity)?	<input type="checkbox"/>
Have you completed Section 4 (Proof of Address)?	<input type="checkbox"/>
Have you attached all supporting documents that you have listed in Section 5 (Supporting Documents)?	<input type="checkbox"/>
Have you read, understood and completed the acknowledgements and signed Form 5 (Natural Persons)?	<input type="checkbox"/>



Certification Guide



TRUSTED REFEREES

In New Zealand documents may be certified by a 'Trusted Referee'. A Trusted Referee is a person who holds one of the following positions:

- A Commonwealth Representative (as defined in the Oaths and Declarations Act 1957).
- A member of the police.
- A Justice of the Peace.
- A registered medical doctor.
- A lawyer (as defined in the Lawyers and Conveyancers Act 2006).
- A notary public.
- NZ Honorary consul.
- A Member of Parliament.
- Chartered Accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996).

Overseas

When certification occurs overseas, documents may be certified by a person authorised by law in that country to take statutory declarations or the equivalent in that country.



ELIGIBILITY CRITERIA

In addition to holding one of the positions above, for a person to be eligible to be a Trusted Referee, he or she must also satisfy the following criteria:

- Be at least 16 years old.
- Not be related to the person presenting the documents for certification.
- Not live at the same address as the person presenting the documents for certification.
- Not be the spouse or the partner of the person presenting the documents for certification.
- Not be involved in the transaction or business that the certification relates to.



SIGN OFF

The Trusted Referee must also include the following information on each document being certified:

- Name.
- Signature.
- Date of Certification (within 3 months of certification).
- Preferred contact details (in case we need to contact the Trusted Referee).



HOW MUST DOCUMENTS BE CERTIFIED

A Trusted Referee must sight the original document, make a photocopy of the document and then make a statement to the following effect on the photocopied document (as applicable):

Photographic document

"I certify that this is a true copy of the original, which I have sighted, and the photo represents a true likeness of the person presenting the document to me for certification."

Non-Photographic document

"I certify that this is a true copy of the original, which I have sighted."



ACCEPTABLE DOCUMENTS

Identity Documents

Document(s) from either option 1 or option 2:

Option 1

- NZ Passport; **or**
- Overseas Passport; **or**
- NZ Firearms Licence; **or**

Option 2

- NZ Drivers Licence (copy of the front and back required).

And one of the following

- NZ Birth Certificate; **or**
- Overseas Birth Certificate; **or**
- NZ Citizenship Certificate; **or**
- Certificate of Citizenship issued by a foreign Government; **or**
- NZ Bank Card (copy of the front and back required); **or**
- NZ Bank Statement (issued within the last 12 months); **or**
- Statement issued by a Government Agency (issued within the last 12 months); **or**
- Document issued by a Government Agency (issued within the last 12 months, showing your name and signature).

Proof of Address

One of the following, dated within six months:

- Utility Bill.
- Rates Invoice.
- Bank Statement.
- IRD Statement.
- Document or statement issued by a Government Agency.



CHECKLIST

- Has the document been certified by a Trusted Referee?
- Is the Trusted Referee eligible to make the certification?
- Does the certification include the appropriate wording, name, occupation, signature and date of certification?
- Are the documents "acceptable"?





**ELEVATION CAPITAL
GLOBAL SHARES FUND
DIRECT DEBIT AUTHORITY**

*Please complete this form if you wish to
make a regular contribution by Direct Debit.*

Conditions of this authority to accept Direct Debits

1. The Initiator:

- a) Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. This notice will be provided either:
 - i. in writing; or
 - ii. by electronic mail where the Customer has provided prior written consent to the Initiator
The notice will include the following message: "The amount\$,....., was direct debited to your Bank account on(initiating date)."
- b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

- a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

The Customer acknowledges that:

- a. This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
 - b. In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
 - c. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority.
Any other disputes lies between me/us and the Initiator.
 - d. Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility in respect of:
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits
 - e. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- ### 3. The Bank may:
- a. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
 - b. At any time terminate this authority as to future payments by notice in writing to me/us.
 - c. Charge its current fees for this service in force from time-to-time.