

# Apply now

## How do you invest with Lifetime?

Our application form is located on the following pages. You can also complete our online application form at **[lifetimeincome.co.nz](https://lifetimeincome.co.nz)**

## For more information

Please read our Product Disclosure Statement at **[lifetimeincome.co.nz](https://lifetimeincome.co.nz)** or consult your financial adviser.

Alternatively, please call us on **0800 254 338** or email us at **[retire@lifetimeincome.co.nz](mailto:retire@lifetimeincome.co.nz)**

## 1. Your information

Title	First name(s)
Surname	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home address	
Postcode	
Home phone	
Mobile	
Email	
Date of Birth	Country of birth
Are you a New Zealand citizen or entitled to remain in NZ indefinitely? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IRD number	for assistance, call Inland Revenue on 0800 775 247
Prescribed investor rate	10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28% <input type="checkbox"/>
Please see the prescribed investor rate diagram at the end of this application form for assistance.	
Are you a US citizen/tax resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please enter your US Social Security Number (SSN)	
Are you a tax resident of any other country/jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, which country/jurisdiction?	
Please provide the tax payer number issued in this country /jurisdiction	

**Note:** you must inform us of any change to your tax residency or US citizenship within 30 days of the change.

## 2. Your partner's information *(please leave blank unless you are making a joint investment)*

Title	First name(s)
Surname	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home address <i>(if different)</i>	
Postcode	
Home phone <i>(if different)</i>	
Mobile	
Email	
Date of Birth	Country of birth
Are you a New Zealand citizen or entitled to remain in NZ indefinitely? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IRD number	for assistance, call Inland Revenue on 0800 775 247
Prescribed investor rate	10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28% <input type="checkbox"/>
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Are you a US citizen/tax resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please enter your US Social Security Number (SSN)	
Are you a tax resident of any other country/jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, which country/jurisdiction?	
Please provide the tax payer number issued in this country /jurisdiction	

**Note:** you must inform us of any change to your tax residency or US citizenship within 30 days of the change.

### 3. Your investment amount

I wish to invest \$

Please provide a description of the origin of the money being invested e.g. from a maturing bank term deposit, sale of a property, KiwiSaver transfer etc.

**Note:** in some circumstances we may request further evidence of the origin of the investment funds e.g. a bank statement, a copy of a sale and purchase agreement or KiwiSaver statement.

### 4. Your Insured Income

When would you like to start receiving your Insured Income payments?

Immediately  alternatively, please specify a starting date

How often would you like to receive your Insured Income payments?

Every 2 weeks  Every 4 weeks

Please provide details of the bank account you would like your Insured Income payments deposited into:

Name of Bank  Account name

Bank Branch Account Number Suffix

**Note:** we require a bank-encoded deposit slip, bank statement or confirmation from your bank verifying the account name and number.

Please select payment option  Direct credit  Cheque

### 5. Affiliate code (optional)

If you have an affiliate or promotion code, please enter it here.

Affiliate code

### 6. Confirming your identity

(Please tick the box to indicate which documents you're sending us)

We will need to verify your identity, address, and bank account details:

#### (A) Your identity (and your partner's identity if you are making a joint investment)

Could you please provide us with a copy of **one** of the following (must be current):

NZ Passport  NZ Driver licence

#### (B) Your residential address

Could you please provide us with a copy of **one** of the following (must be less than 3 months old):

Bank statement  Power bill  Home phone bill  Inland Revenue statement

#### (C) Your bank account details

Could you please provide us with a copy of **one** of the following:

Bank statement  Bank deposit slip

Under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act) we are required to verify your identity and address. We also need to verify the nominated bank account that payments to you from the Lifetime Income Fund are to be paid into.

We can electronically verify your identity and address documents so please provide a scanned copy of the acceptable forms of documentation listed above. In some instances, for example if you live in a Retirement Village or an apartment, we are unable to electronically verify your address.

If this is the case we will notify you and request that you have this document certified by one of the following trusted referees: Member of the Police, Justice of the Peace, Registered Medical Doctor, Kaumatua, Registered Teacher, Minister of Religion, Lawyer, Notary Public, Member of Parliament or Chartered Accountant.

If you have any questions about the application process or the documents you need to provide, please feel free to call us on 0800 254 338 or email us at: [retire@lifetimeincome.co.nz](mailto:retire@lifetimeincome.co.nz)

## 7. Your agreement

By signing this application form, you confirm that you have received and read the Lifetime Income Fund Product Disclosure Statement dated 17 July 2017 and that you agree to be bound by the Lifetime Income Fund's terms and conditions. These are set out in the Product Disclosure Statement, online register entry, application form and governing document.

I confirm that I have read and accepted the above declarations and authorisations and have received, read and understood the Lifetime Income Fund Product Disclosure Statement dated 17 July 2017.

I also confirm that Lifetime Asset Management Limited, or any employee thereof, has not provided me with personalised financial advice other than general information about the Lifetime Income Fund.

## Signature

Signature

Date

## Signature of Partner (joint investors only)

Signature

Date

When completed, please post your application form to us at:  
**Lifetime Retirement Income, PO Box 10760, The Terrace, Wellington 6143**

If paying by Internet Banking or Direct Credit, please forward payment electronically to:

Bank: **ANZ Bank Limited**

Account name: **Public Trust Lifetime Income Nominees Applications**

Account number: **01-0505-0422735-00**

Please include the following information in the reference fields on your internet banking payment or direct credit: your **Surname** and your **IRD Number**.

If paying by **cheque**, please cross your cheque 'non-transferable' and make it payable to:

**Public Trust Lifetime Income Nominees Limited.**

## 8. Authorised financial adviser details

(Please leave blank unless you are investing via an adviser)

Title First name(s)

Surname

Company name

Business phone

Mobile phone

Email

## Adviser Service Fees (optional)

### One-off Adviser Service Fee

I authorise the Manager to pay a one-off adviser service fee (ASF) of  % (maximum 1%) to the financial adviser whose details are provided above.

I understand the one-off ASF will be deducted from my account balance. I understand it will be calculated on my total initial investment amount stated in Section 3 when all initial contributions have been received.

### Ongoing Adviser Service Fee

I authorise the Manager to pay an ongoing ASF of  % (maximum 0.5%) to the financial adviser whose details are provided above.

I understand the ongoing ASF will be deducted from my account balance in the Fund each month. I understand it will be calculated on my total initial investment amount stated in Section 3 when all initial contributions have been received.

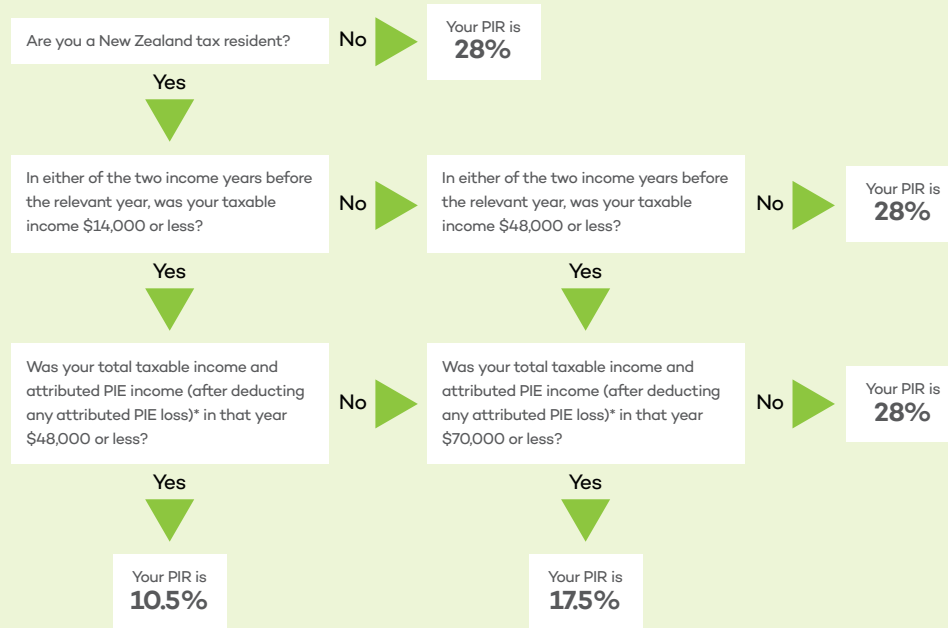
If you have agreed with your financial adviser to have a one-off ASF fee, or ongoing ASF fees deducted, please sign below.

Signature

Date

## Make sure we have your correct Prescribed Investor Rate (PIR)

The following diagram will help you to determine your PIR. Inland Revenue can require us to use a different PIR if they consider that you have given us an incorrect PIR.



\*Your attributed Portfolio Investment Entity (PIE) income or loss for an income year is the amount of income or loss attributed to you by PIEs (including the Lifetime Income Fund) in that income year, as recorded in the tax certificates issued by PIEs to you at the end of each income year. An income year generally runs from 1 April of the previous year to 31 March of the current year.

If you have considered the two previous income years and determined that you qualify for two different rates, your PIR is the lower rate.

Your worldwide income must generally be included in 'taxable income' when determining your PIR, even if you were not resident in New Zealand when that income was earned. Exceptions apply (for more information see [ird.govt.nz](http://ird.govt.nz) or consult a tax adviser).

## Get advice if you're not sure

How an investment affects your tax obligations may depend on your individual circumstances. If you're uncertain, you should consult a tax adviser.

## FOR OFFICE USE ONLY

1st Payment	Income Rate (%)
Full Investment (\$)	Income Payment (\$)
One-off ASF	Income Frequency
Adviser	Balanced Portfolio (\$)
IIB (\$)	Cash Portfolio (\$)