

Diversified Wealth Management Limited



APPLICATION FORM

Please mail this application form, together with you cheque and any other relevant documentation to:

Diversified Wealth Management Ltd – Trust Account
 PO Box 105 142 Auckland.
 (Please make cheques payable to: Diversified Nominees Ltd. Other payment options overleaf).

Office Use Only / /
Unit Holder Number

COMPANY/TRUST NAME (Please list names of Trustees, Directors etc below)

INDIVIDUALS/TRUSTEES

Title	Surname	First Names
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Date of Birth	IRD Number	Evidence of Identity Provided
<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center;" type="text"/>	<input style="width: 100%;" type="text"/>

Title	Surname	First Names
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Date of Birth	IRD Number	Evidence of Identity Provided
<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center;" type="text"/>	<input style="width: 100%;" type="text"/>

INVESTMENT ON BEHALF OF A MINOR/THIRD TRUSTEE

Title	Surname	First Names
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Date of Birth	IRD Number	Evidence of Identity Provided
<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center;" type="text"/>	<input style="width: 100%;" type="text"/>

Relationship to Investors (Please specify)	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

POSTAL ADDRESS

Please tick if the address for service is via your adviser.

	Post Code:	

Home Phone	Business Phone	Fax
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Mobile	Email
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

TAXATION INFORMATION

Please refer to the section on Taxation to determine your applicable rate.
 In the case of joint application, please use the applicant with the highest PIR.

IRD Number

Prescribed Investor Rate (PIR): (Refer to PIR)

Advisor Stamp

PLEASE SELECT WHICH FUND OR PERCENTAGES YOU WISH TO INVEST IN

Please see page 8 for information on the funds

Diversified Wealth Management BALANCED Fund

Diversified Wealth Management DYNAMIC Fund

* If no selection is indicated your proceeds will be invested in the Balanced Fund.

INVESTMENT DETAILS

Single Investment (minimum \$2,000)	Regular Investment Amount (minimum \$200 per month)	Regular Investment Start Date
\$	\$	20 / /
	Regular Withdrawal Amount	Regular Withdrawal Amount Start Date
	\$	20 / /

BANK ACCOUNT FOR REGULAR WITHDRAWALS

Please include a printed bank deposit slip for verification which is required as redemptions must be paid to your nominated account.

Name of Account

Account

PAYMENT OPTIONS

- Option 1: Please make your cheque payable to: *Diversified* Nominees Limited
- Option 2: Payment by Direct Deposit. Application money to be deposited into the bank account: *Diversified* Nominees Ltd, Account Number: 03-0104-0121894-00

REGULAR INVESTMENTS

Please complete the direct debit authority provided in the Investment Statement.

THE PRIVACY ACT

This statement relates to the personal information that you are providing to the Manager by way of this application and any subsequent personal information which you may provide in the future. The personal information you have supplied may be used by the Manager and the Trustee (and related entities thereof) for the purposes of enabling the manager to arrange and manage your investment, and to contact you in relation to your investment. The Manager will provide you (on request) with the name and address of any entity to which information has been disclosed. You have the right to access all personal information held about you by the Manager. If any of the information is incorrect, you have the right to have it corrected. You acknowledge that you are authorised to provide personal information on behalf of the applicant and evidence of this authority is provided (in the case of a parent/guardian/other providing information about the applicant). You agree that your/each of your names and addresses may be used by *Diversified* Wealth Management Limited to provide you with newsletters and other information about the fund and other products and services.

EMAIL USE

I consent to receiving financial statements, and other documents which the Trustee or the Manager are required to send to me electronically at the email address on this form, or another email address supplied to the Manager.

DECLARATION

I/We have read and retained a copy of the attached investment statement dated **15 March 2011** and agree to be bound by the terms and conditions of the Trust Deed. I/We agree to the terms outlined above in relation to the Privacy Act and the supply of personal information. I/We understand that the fund is for long term investing and is liable to fluctuations and may rise and fall from time to time. I/We understand the manner in which the fees will be deducted from the fund.

Signature of Applicant, Trustee or Director Date

Signature of Applicant, Trustee or Director Date

Signature of Applicant, Trustee or Director Date

Signature of Advisor Date