

Application Form

Prospective investors are advised to read the Product Disclosure Statement and other investment documentation before you invest, and seek professional financial advice tailored to your circumstances and investment objectives. The Product Disclosure Statement is available online from our website www.forestenterprises.co.nz and the Companies Office Disclose Register www.companiesoffice.govt.nz/disclose, or by contacting us directly for a copy.

How to invest

Please complete Part A, Parts B and C if required, read Part D, then sign Part E (all shaded areas).

PART A – Applicant Details

This information is required for the Managed Investment Scheme records. The Overseas Person disclosure is required for the purposes of the Overseas Investment Act 2005 for Anti-Money Laundering and Countering Finance of Terrorism Act 2009. We will advise any further steps if required.

PART B – Customer Due Diligence and PART C – Identity Verification

Under New Zealand's Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML), we must obtain from you relevant information on the nature and purpose of the proposed business relationship you will have with Forest Enterprises. New Zealand's AML requires all Investors to provide proof of identification and residential address. The accepted documentation is outlined in Part C. This applies to all Applicants investing with Forest Enterprises for the first time, and any person acting on behalf of Applicants. It may not apply to existing Forest Enterprises clients investing in the same capacity, but please contact us to discuss.

PART D – Limited Power of Attorney

This is a strictly limited Power of Attorney in favour of Trustees Executors Ltd to enable the Supervisor to attend only to the statutory and procedural matters relating to the operation of the Managed Investment Scheme. The Power of Attorney specifically excludes the Attorney from participating in any decision affecting the forestry activity, any decision that may affect your investment contributions, or share of the harvest proceeds.

PART E – Signature(s)

The Application Form must be signed by all Applicants and the Applicants must be of full legal capacity (an individual who has attained the age of 18 years and is competent to manage their own affairs in relation to property). All signatures must be witnessed – the witness must be 18 years or more of full legal capacity, independent (i.e. not spouse or family member, and not another Applicant).

Returning your application

Please scan or photograph the completed Application Form and return with all required supporting documentation by email to invest@forestenterprises.co.nz. Or you can post your application to Forest Enterprises, PO Box 128, Masterton.

Next steps

There may be further documentation required primarily for New Zealand's Anti-Money Laundering and Countering Financing of Terrorism Act 2009. We will be in contact with the requirements specific to your application. Once this step is completed we will provide you with confirmation of your investment, or return your deposit if your application for any reason does not comply.

If you require help

Please call 0800 746 346 (0800 PINEGOLD) to speak with Sean Roberts or Nikki Coulmann with any queries about your application.

Additional copies of this Application Form can be downloaded from our website at www.forestenterprises.co.nz/forms or contact us to request a copy.

Privacy Act statement

Applicants have the right under the Privacy Act 1993 to obtain access to, and request correction of, all personal information held by Forest Enterprises Ltd. Unless contrary directions are given to Forest Enterprises Limited, the company may from time to time provide information to the Applicant on future investments, financial services, or products that Forest Enterprises Limited believes may be of interest or benefit to the Applicant.

Our Privacy Policy is available to read and download from our website at www.forestenterprises.co.nz/privacy-policy



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Forest Enterprises is the business name of Forest Enterprises Growth Limited and its subsidiary Forest Enterprises Limited. Forest Enterprises Limited is licensed to manage Managed Investment Schemes (excluding managed funds) which are primarily invested in forestry assets.

Application by Trust

PART A: Applicant Details

This application form is for a **Trust** purchasing shares in the following named Forest Enterprises investment. Please include a copy of the Trust Deed and any subsequent deeds of appointment and amendment with the Application Form.

Investment Name (from Product Disclosure Statement):				
First Name of Trustees	Last Name of Trustees	Mr/Mrs/Other	Existing Investor *	Overseas Person**
Trustee 1 (Primary Contact for Trust):			Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Trustee 2:			Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Trustee 3:			Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Trustee 4:			Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Trust Postal Address:			Post Code:	
Primary Contact Email Address:		Primary Contact Phone Number:		

* Existing Forest Enterprises investors may not need to complete the customer due diligence sections in Part B and C of this Application. Please contact us.

** An Overseas Person is neither a New Zealand citizen nor ordinarily resident in New Zealand. Please contact us if you think you are an Overseas Person.

1. Application

The purchase of a minimum number of shares applies to this application. Additional shares may be purchased. Refer to the Product Disclosure Statement for the share price and the minimum number of shares that applies to this Investment.

This application is for _____ shares for a total Initial Investment of \$ _____

2. Declaration – Applicants to Sign in Part E

Each Applicant named in Part A:

- Confirms they have read and understood the Product Disclosure Statement for this Investment.
- Acknowledges and agrees that they are bound by the terms of the Governing Documents (including the payment of Calls), and the terms contained in the Product Disclosure Statement for this Investment and in this Application.
- Irrevocably appoints Trustees Executors Limited as their duly authorised agent for the purposes of signing any documents on their behalf necessary to register the shares in this Investment in the Trusts name.
- Grants to Trustees Executors Limited the Limited Powers of Attorney set out in Part D which is a condition of being a limited partner in the Limited Partnership, and being a beneficial shareholder in the General Partner.
- Confirms that every Applicant is aged at least 18 years and is of full legal capacity.
- Acknowledges that this Application will only be accepted if payment is received, and the documentation necessary, including customer due diligence, to settle the purchase of the shares is completed and returned.

3. Payment Options – Please Indicate by Ticking One Box

- Initial Investment deposited to Forest Enterprises Growth Trust Account 02-0688-0222006-04 at BNZ. Please identify your payment by entering the **last name** of Applicant 1 in the *Particulars* field, their **initials** in *Code*, and the **first word of the investment name** (above) in the *Reference* field.
- Cheque made out to *FE Growth Trust Account*.
- Overseas Investor not using a New Zealand Bank Account - Initial Investment deposited to FE Growth Trust Account per these instructions: SWIFT code: BKNZNZ22 | BSB: 020688 | Branch: Masterton | Account Number: 0222006-04



PART B: Trust Due Diligence

New Zealand's Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires all investors to provide proof of identification and residential address. The following must complete Parts B and C:

- All Trustees
- All Directors of the Corporate Trustee (if any)
- Any other beneficial owner of the Trust
- Person acting on behalf of Trustees as Investors (the person completing this Part)

The other information requested below are requirements of the Limited Partnership Act 2008 and the Income Tax Act 2007.

Post all forms and documents to Forest Enterprises PO Box 128, Masterton. Investors based overseas may scan and return by email to invest@forestenterprises.co.nz

Note for existing Forest Enterprises investors: If the Trust is an existing Forest Enterprises investor and investing in the same capacity then Trustees may not need to complete the customer due diligence sections in Part B and C of this Application. Please contact us.

Note for Overseas Persons: If a Trustee meets the definition of an Overseas Person, there are different requirements of the documentation requested in Part C. Please visit www.forestenterprises.co.nz/forms to download the appropriate form or request a copy by email. Please contact us if you are unsure.

1. Trust and Trustee Details

Full Legal Name of the Trust:		
Trust New Zealand IRD Number:		
Full Name of Trustees (from Part A)	Town/City, Country, and Date of Birth	Residential Address including postcode (PO Boxes cannot be accepted)
Trustee 1 (Primary Contact for Trust):		
Trustee 2:		
Trustee 3:		
Trustee 4:		

If a Trustee is a Corporate Trustee (i.e. a Company), then the information in Part C is required is required for all Directors of the Corporate Trustee.

Director Name:
Director Name:
Director Name:
Director Name:



2. Trust Source of Funds or Wealth

We are required by law to gather information on the source of funds or the wealth of the Trust Investor

Source of trust wealth (family wealth, accumulated business earnings, property sale etc)

Also, please briefly describe the source of any income that the Trust is receiving, e.g. income from an underlying company, deposit from a family bank account, rents:

3. Beneficial Owner(s) of the Trust (including Non-Discretionary Beneficiaries)

A **Beneficial Owner(s)** is an individual who has effective control over the Trust, specific trust property, or with the power to amend the trust's deeds, or remove or appoint trustees. **ALSO**, Beneficial Owners include **Non-Discretionary Beneficiaries** (beneficiaries who own a prescribed threshold of the Trust).

Please complete Part C for each Beneficial Owner listed below.

Full Name of Beneficial Owner	Town/City, Country, and Date of Birth	Residential Address including postcode (PO Boxes cannot be accepted)

4. Discretionary Beneficiaries

If a person is a **Discretionary Beneficiary**, the beneficiary can only benefit at the Trustee's discretion. Indicate the type of discretionary beneficiary:

<input type="checkbox"/> Settlor
<input type="checkbox"/> Spouse
<input type="checkbox"/> Children
<input type="checkbox"/> Grandchildren
<input type="checkbox"/> Parents
<input type="checkbox"/> Other relatives (specify)
<input type="checkbox"/> Other individual (specify)
<input type="checkbox"/> Charity (specify)

5. Name of Person Completing Form on Behalf of Trust (if not already named in this application)

Please also complete Part C.

Your Full Name	
Town/City, Country and Date of Birth	
Your relationship with the Applicant(s)	
Contact email and phone number	



6. Nature and Purpose of Your Investment

Do you intend to hold the Shares for the life of the Investment?	
If the answer is "No", what is the likely timeframe you intend to hold the Shares?	



PART C: Identity Verification for New Zealand Customer

This Part is to assist you to select and complete the permitted documentation required to verify your identity and residential address. Each Trustee, Director of the Corporate Trustee and Beneficial Owner needs to complete this Part, as does the person completing the application on behalf of the Trust. Download or request additional copies.

Do this by ticking your choices from the options available below and returning with this Application the documents selected for each of **1. Proof of Identification** AND **2. Proof of Residential Address**. The Proof of Identification documents must be certified in the manner set out in the shaded area below.

<p>1. Proof of Identification</p> <p>You have two options, <i>either A or B</i>.</p> <p>EITHER A ONE document required</p> <p>A certified copy of ONE of either</p> <p><input type="radio"/> The photo page of a current NEW ZEALAND PASSPORT or <input type="radio"/> A current NEW ZEALAND FIREARMS LICENCE</p> <p>OR B TWO documents required</p> <p>A certified copy of ONE of either</p> <p><input type="radio"/> A current NEW ZEALAND DRIVER'S LICENCE or <input type="radio"/> A current NEW ZEALAND 18+ Card</p> <p>AND</p> <p>A certified copy of ONE of these documents:</p> <p><input type="radio"/> New Zealand Birth Certificate or <input type="radio"/> Certificate of New Zealand Citizenship or <input type="radio"/> Credit, Debit, EFTPOS card with name/signature or <input type="radio"/> Bank Statement or <input type="radio"/> Government Agency Document</p>	<p>Certification Process</p> <p>The Proof of Identification document copies need to be certified by a Trusted Person within 3 months of when we receive it.</p> <p>If you photocopy the proof of identification documents yourself, please ensure you present the original(s) to the Trusted Person, and also photocopy the expiry date on the document.</p> <p>A Trusted Person can be any one of the following who must NOT be a relative or living at the same address:</p> <ul style="list-style-type: none">• Lawyer• Chartered Accountant• Registered Medical Doctor• Registered Teacher• Minister of Religion• Kaumatua• Court Registrar• Notary Public• Police Officer• Justice of the Peace• Commonwealth Representative• NZ Honorary Consul <p>Certification requires the Trusted Person to –</p> <ol style="list-style-type: none">1) sight the original document, and2) write clearly:<ul style="list-style-type: none">- the Name of Trusted Person, and- their Designation, and- the following declaration: <i>'I hereby certify that this is a true copy of the original document which I have sighted and I am satisfied that it verifies the identity of the named individual'</i>, and- sign <p>(or the Trusted Person may use their own certification stamp)</p>
<p>2. Proof of Residential Address</p> <p>A copy of ONE of the following documents which must have your name clearly stated plus your residential address (PO Box addresses are not allowed):</p> <p><input type="radio"/> Utility Bill or <input type="radio"/> Bank Statement or <input type="radio"/> Government Agency Document (e.g. council rates bill, electoral notice, tax summary) or <input type="radio"/> Kiwisaver Document or <input type="radio"/> Insurance Policy</p> <p>This document does NOT need to be certified, however it must be dated within 6 months of when we receive it.</p>	
<p>3. Politically Exposed Person</p> <p>This is an individual who holds a 'Prominent Public Function' e.g. head of a country, government ministers, senior politician, senior judge, governor of a central bank, ambassador, high commissioner, high-ranking member of armed forces or senior position of state enterprises.</p> <p>If you or any immediate family member (including spouse, partner, child, child's spouse/partner or parent), hold or have held in the last 12 months a 'prominent public function' in any country other than New Zealand, please provide details of the function held and the country:</p>	



PART D: Limited Power of Attorney

A Limited Power of Attorney is granted by the Investor to the Supervisor to enable them to attend only to the statutory and procedural matters relating to the operation of the investment.

1. **Appointment of Attorney:** The Investor irrevocably appoints Trustees Executors Limited or any corporate trustee company that succeeds Trustees Executors Limited as the supervisor of the Scheme (“the Attorney”) to be the Investor’s Attorney with the limited powers given by this Power of Attorney.
2. **Powers:** The Attorney may in its own name and as the Investor’s Attorney do or perform any of the acts set out in paragraph 5 below and will have sole discretion as to decision making with respect to this Power of Attorney.
3. **Binding and Non-Revocable:** The Investor agrees to be bound by whatever the Attorney may lawfully do by this Power of Attorney. The powers conferred by this Power of Attorney may not be revoked or suspended except with the prior written agreement of the Manager and the Attorney.
4. **Reliance on Power of Attorney:** No person dealing with the Attorney in good faith will be bound to enquire as to whether this Power of Attorney is in full force and effect or as to the propriety of anything the Attorney may do by this Power of Attorney. A written statement by the Attorney to the effect that the Attorney has no notice of the revocation or suspension of its powers and authorities under this Power of Attorney will be conclusive evidence to that effect.
5. **Power of Attorney under the Deed of Scheme Management and Limited Partnership Agreement (together “the Governing Documents”)**

The Attorney will have the following limited powers:

- a. To appoint any director of the General Partner present at any meeting of the Limited Partnership (“Meeting”) as proxy for the Investor (if not present at the Meeting) solely for the purpose of satisfying the common law requirement that a meeting cannot be held without at least two individuals present in person or proxy;
- b. To waive on behalf of the Investor (if not present at the Meeting) any irregularity in the notice of Meeting but only if the irregularity is of a technical or non-material nature;
- c. To vote for the resolution required by section 38(2)(b) of the Limited Partnerships Act to approve a new limited partner if the transfer has been approved by the Manager in terms of the Governing Documents;
- d. To approve an amendment to a resolution set out in a notice of meeting provided that the amendment is:
 - i. the correction of an error; or
 - ii. a qualification of the application or restriction of the effect of the resolution on limited partners; or
 - iii. for clarification and in the opinion of the Attorney consistent with the clear intent of the resolution;
- e. To approve an amendment (“Change”) to the Governing Documents:
 - i. to comply with the provisions of any statute or statutory regulations; or
 - ii. if in the opinion of the Manager the Change is made to correct a manifest error or is of a formal or technical nature or is convenient and does not have a material adverse effect on the Investors, and the Change is subject to prior approval by the Supervisor;
- f. To execute on behalf of the Investor the documentation necessary to record any authorised changes to the Governing Documents; and
- g. to sign all documents necessary to transfer the Investor’s shares in the Limited Partnership and the Investor’s beneficial interest in the shares in the General Partner to FEG if the Sunset Option is exercised by FEG under the Deed of Scheme Management; and
- h. To vote on any resolution which in the opinion of the Manager is necessary to give effect to the underlying principles or benefits to the Limited Partnership of the other limited powers given by this Power of Attorney; or which is of a formal or technical nature; or which is convenient for the Scheme provided that the resolution does not have a material adverse effect on the Investor and has met with the prior approval of the Supervisor.



PART E: Signature(s)

Each Trustee as applicant is required to sign below in acknowledgement of the requirements and contents of this Application and that it is complete and accurate.

By signing this Application below, each Applicant acknowledges and confirms the matters stated in the Declaration in Part A, the accuracy of the information in Parts B and C (if required), and the appointment of Trustees Executors Limited as attorney under the Limited Power of Attorney set out in Part D.

This Application comprises:

- Part A Applicant Details including Declaration and Payment Options
- Part B (if applicable)
- Part C (if applicable)
- Part D Limited Power of Attorney
- Part E Signature(s)

Each Applicant's signature must be witnessed by someone at least 18 years of age, of full legal capacity, and independent i.e. they are not a partner, spouse or family member *and* not another applicant.

Signed by Trustee 1:		In the presence of:	
Trustee 1 Full Name (Primary Contact for Trust):		Witness Full Name:	
Signature:		Witness Signature:	
Date:	Witness Town/City of Residence:	Witness Occupation:	
Signed by Trustee 2:		In the presence of:	
Trustee 2 Full Name:		Witness Full Name:	
Signature:		Witness Signature:	
Date:	Witness Town/City of Residence:	Witness Occupation:	
Signed by Trustee 3:		In the presence of:	
Trustee 3 Full Name:		Witness Full Name:	
Signature:		Witness Signature:	
Date:	Witness Town/City of Residence:	Witness Occupation:	
Signed by Trustee 4:		In the presence of:	
Trustee 4 Full Name:		Witness Full Name:	
Signature:		Witness Signature:	
Date:	Witness Town/City of Residence:	Witness Occupation:	

Please contact us if you require an additional signature page(s) for additional Trustees.

Email us at invest@forestenterprises.co.nz or call 0800 746 346 (0800 PINEGOLD) or +64 6 370 6360.

