

# APPLICATION FOR TERM DEPOSITS

FE INVESTMENTS LIMITED

Client Number  
(Office Use Only)



## 1 Please enter your personal details

Joint/Company/Trust/Estate	<input type="text"/>	Deposit number (Office Use Only)	<input type="text"/>				
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	Surname	<input type="text"/>	First names	<input type="text"/>
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	Surname	<input type="text"/>	First names	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>				
Email	<input type="text"/>						
Physical address	<input type="text"/>						
Suburb	<input type="text"/>	City	<input type="text"/>	Country	<input type="text"/>	Post code	<input type="text"/>
Postal address (if different from above)	<input type="text"/>						

## 2 Resident withholding tax

If you are a New Zealand resident we will deduct Resident Withholding Tax ("RWT") at the rate of 33% unless you either request us to deduct at a lesser rate or if you hold a valid Certificate of Exemption for RWT. Please attach a copy of this Exemption Certificate to this Application Form.

IRD Number (01):  IRD Number (02):

Please deduct RWT at the rate of  10.5%  17.5%  28%  30%  33%  2% (ALL)  Others

## 3 Investment options (all rates listed are per annum)

Term	Tick or complete	% Rate	Amount investing (minimum \$5,000)
12 months	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
18 months	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
24 months	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
36 months	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Currency of Investment

## 4 Quarterly interest payment instruction (please mark appropriate box)

- Compounded quarterly.** Earn interest on my interest, and add the quarterly interest due to my SECURED TERM DEPOSIT account.
- Direct credit.** Please pay quarterly interest direct to my bank account.
- Cheque.** Please send quarterly interest by cheque to the above address.

Bank Details:

Bank:  Account number:

Account name:

## 5 Maturity instructions

Choose from the following option. (We will contact you in advance of maturity so that you can confirm or vary this instruction)

Funds to be paid by:

- Repayment of principal and all interest outstanding (if any) to bank account detailed above.
- Reinvestment of principal and repayment of all interest outstanding (if any).
- Reinvestment of \$  and the repayment of all remaining principal and interest outstanding (if any).
- All funds automatically reinvested for the same term as the initial amount.

My signature is confirmation that I have read the latest version of FE Investments Limited Product Disclosure Statement and agree to the terms and conditions expressed in those documents together with any additional terms and conditions contained in the Application Form.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ /20

If this is a joint application both must sign. If you are signing as an attorney, please attach the Power of Attorney or Authority Letter.