

HEARTLAND ACCOUNT APPLICATION
INDIVIDUALS



All accounts and services are provided by Heartland Bank Limited (Heartland Bank).
By completing and signing this application form, you acknowledge that you have read the relevant terms and conditions on www.heartland.co.nz, including
• Heartland Bank Limited's current Account and Service General Terms and Conditions; and
• the Heartland Term Deposits Fact Sheet and Heartland Savings Account Fact Sheet (as applicable);
and agree they will be binding on you.
A copy of these documents and Heartland Bank's latest Disclosure Statement can be obtained from our Investment Team on 0800 85 20 20 or at www.heartland.co.nz.

Individual, Joint, Child (<16 years), Other (please specify)

Please state why you are opening this account and how you intend to fund it

Primary Account Holder (Overseas residents must provide a physical overseas address)
Existing customer - My customer number is
Occupation
First name(s) in full
Date of birth
Surname
Preferred name
Country of birth
If your country of birth, citizenship, residency and tax residency are all NZ please tick and move to the next section
Countries you have residency or citizenship
Countries you are tax resident in
If any overseas tax residencies, a self-certification form must be completed

Contact Details

Postal address
Suburb
City or town
Postcode
Physical address (if different from above)
Suburb
City or town
Postcode
Email address
Please note that, by providing an email address, you consent to receiving communications in electronic form
Ph (hm) ( ) Ph (wk) ( ) Mob ( )

Tax Details

Tax Identification Number
NZ IRD Number
or country of tax residency
NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.
10.5% 17.5% 30.0% 33.0%
28.0% (Company) Exempt
Non-residents please indicate
NRWT AIL
Additional Tax Identification Number
Additional country of tax residency

Joint Account Holder (Overseas residents must provide a physical overseas address)
Existing customer - My customer number is
Occupation
First name(s) in full
Date of birth
Surname
Preferred name
Country of birth
If your country of birth, citizenship, residency and tax residency are all NZ please tick and move to the next section
Countries you have residency or citizenship
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Contact Details

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Suburb
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Account Details

Account Type:
Heartland Term Deposit
Heartland Saver
Heartland Everyday Account
Heartland Boost Saver
Heartland Savings Optimiser
Heartland Business Call Account
Heartland Direct Call Account
Amount: \$
(No minimum amount except \$1,000 for Term Deposit Accounts.)

Term Deposit Details

Term: days months years
Interest Rate: % per annum
Interest payment method: Compounding Paid to bank account below
Interest payment frequency: Monthly Quarterly On Maturity

Opening Balance Please select one of the following options for transferring your Opening Balance amount to Heartland Bank.

Cheque Cash Direct Credit - Heartland: 03-1783-0500515-00 Direct Debit (Please call us for a Direct Debit form, or go to www.heartland.co.nz to obtain a form)
Transfer from existing Heartland account:

Account Nominated Nominated account for interest payments and withdrawals:

Account name
Bank Branch Account Suffix

Signing Rules

Anyone to sign by themselves All signatories must sign At least must sign Other (Please specify)

OPERATOR DETAILS (if different from Primary or Joint Account Holder)

Date of birth

Signature

First name(s) in full

Surname

Physical address

Ph (hm) ( )

Ph (wk) ( )

Mob ( )

Email address

Occupation

Countries you have residency or citizenship

Countries you are tax resident in

If any overseas tax residencies, a self-certification form must be completed

TAX DETAILS

Tax Identification Number

NZ IRD Number

or country of tax residency

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30.0%

33.0%

28.0% (Company)

Exempt

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AIL

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OPERATOR DETAILS

Date of birth

Signature

First name(s) in full

Surname

Physical address

Ph (hm) ( )

Ph (wk) ( )

Mob ( )

Email address

Occupation

Countries you have residency or citizenship

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33.0%

28.0% (Company)

Exempt

Non-residents please indicate

NRWT

AIL

Additional Tax Identification Number

Additional country of tax residency

ACCOUNT SERVICES (Please tick the options you would like)

Cheque book

Large (100 cheques)

Small (50 cheques)

Deposit Book

EFTPOS Card for all signatories

Other (please specify)

INTERNET BANKING ACCESS

Please tick if you would like access to Internet Banking

HOW DID YOU HEAR ABOUT US?

Online/digital/social media e.g. interest.co.nz, Facebook, Google, outdoor advertising (please specify)

Radio

Newspaper (please specify)

Word of mouth

Branch

Club or event (please specify)

Other (please specify)

FURTHER INFORMATION If you have any additional comments or further information please add here:

**PRIVACY** In this declaration, "Heartland", "we" or "us" means Heartland Bank Limited, and its related entities, successors, assigns, agents and associates, and "you" means the person completing this application and each other person named in this application. Heartland is collecting information about you in accordance with the Privacy Act 2003 and our Privacy Statement, and we may not be able to provide you with products or services if you do not provide that information. That information may be used by us to consider this application and any future application for products or services which involves you. We can also use it to administer and monitor products or services provided to you, to comply with legal and regulatory requirements (e.g. identity verification requirements and tax reporting), to provide you with information about other products or services, including those of selected third parties, generally to develop and run our business, and as otherwise described in our Privacy Statement. You agree that - for those purposes - we can provide information about you to, and obtain information about you from, other organisations or people we consider appropriate. Those organisations might include our service providers, other financial and insurance institutions, government departments, your employer or accountant, third parties for the purposes of fraud prevention, identity verification, and any other purposes relevant to those purposes (those third parties may retain information and use it for identity verification and fraud detection purposes), and other appropriate persons. We may also exchange information about you (including default information) with credit reporting agencies on an ongoing basis. Those agencies may retain that information and provide it to other customers who use their credit reporting services. You can request the full details of every organisation or person to whom we have disclosed information about you. You have rights to access and request correction of your personal information under the Privacy Act 1993.

By proceeding, you confirm that:

- each person named in this application form has read and agrees to the terms above;
- all information provided to us is correct, complete and not misleading; and
- none of those people is an un-discharged bankrupt.

SIGNED BY THE PRIMARY ACCOUNT HOLDER OR ON BEHALF OF

Name

Signature

Date

SIGNED BY THE JOINT ACCOUNT HOLDER OR ON BEHALF OF

Name

Signature

Date

BANK USE ONLY:

OPENED BY:

VERIFIED BY:

CHEQUE/DEPOSIT BOOKS ORDERED

CDD CHECKLIST COMPLETED

EFTPOS CARD/S ORDERED

ORIGINATOR:

SELF-CERTIFICATION FORM COMPLETED (IF APPLICABLE)

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT MANAGER:

COST CENTRE:

INTERNET BANKING LIMIT APPROVED BY:

SALES CHANNEL: