# Farm Source Trading Account Application **Trusts**





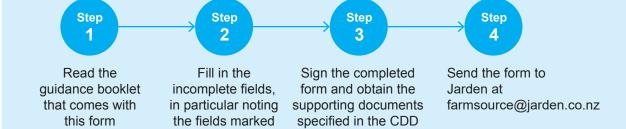
## **Welcome to Farm Source trading**

This form is needed if you want to trade Fonterra Co-operative Group Shares through Farm Source trading. Jarden Securities Limited (Jarden) has been appointed by Fonterra to operate the Farm Source trading service. You will need to complete all the form fields, in particular those marked as required, and sign at the end.

#### Before you start filling in this form



as required



Letter

# 1. Your trust's details

Account details  Party number:  Trust name:  Postal address:  Address line 2:										
Trust name: Postal address:										
Postal address:								Re	equired Fie	eld []
								Re	equired Fie	eld <b>()</b>
Address line 2:								Re	equired Fie	eld ()
Address line 3:										
Postcode:		Required Fie	eld <b>()</b>	C	ountry:			Re	equired Fie	eld ()
Country of establishment:								Re	equired Fie	eld 🌓
Check this box if your p	rimary place of busir	ness is Ne	ew Zeala	and						
Contact details										
Please enter contact details	here in case we no	and to cor	ntact vo	u about t	hie annli	cation				
Contact name:	nere in case we ne	ed to cor	naci yo	u about t	ilis appii	CallOII.			anninad Fi	ald
Email address:								K	equired Fi	elu 🚺
Landline phone:		Required Fie	eld <b>(</b>	Mobile	nhone:					
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Financial details										
The bank account below neet the same account as used for	eds to be in your tru or Fonterra milk pay	ust's nam yments.	e or in t	he name	s of all t	rustees,	but d	oes not	have to	o be
Bank account number:										
						Doguirod				
Bank account name:						Required	tield. It	ie name of s recorded	the accou	ınt 👝

## 1. Your trust's details continued

## 1. Your trust's details continued

Question 3a	
Does your financial institution have a Global Intermediary Identification Number (GIIN)?	S No
GIIN may be obtained through a registration process with the IRS – please refer to the IRS website. You can also refer to the "Registration Guidance Notes" on the IRD website.	
If No Proceed to Question 3b	
If Yes Please supply your Financial Institution's GIIN here:	
After providing the details above, proceed to Section 2. Your Farms	
Question 3b	
Has another financial institution agreed to sponsor or document your financial institution?	S No
If No Proceed to Question 4a	
If Yes Financial Institution's name	
Financial Institution's country of establishment	
Financial Institution's GIIN (if available)	
After providing the details above, proceed to Section 2. Your Farms	
Question 4a	
In your last financial year, did 50% or more of your trust's gross income come from investments that yield interest, dividends, coupons, rent or royalties?  Yes	s No
For a new trust, you will need to estimate this based on the current financial year to date.	, NO
Question 4b	
In your last financial year, were 50% or more of your trust's assets held for	
the production of interest, dividends, coupons, rent or royalties?	S No
For a new trust, you will need to estimate this based on the current financial year to date.	
If you have answered "No" to Question 4a and Question 4b, proceed to Section 2. Your Farms	
If you have answered "Yes" to either Question 4a or Question 4b, proceed to Question 5 below.	
Question 5	
Are any of the parties associated with your trust (such as those identified later in this form) a	
resident or citizen in any other country outside of New Zealand (for associated individuals)	NIO.
or established outside of New Zealand (for associated entities)?  Please note: this also includes the Settler(s) of your trust.	S No
Please note: this also includes the Settlor(s) of your trust.	
If No Proceed to Section 2. Your Farms	
If Yes As part of this application, you must complete and provide a W-8-BEN-E for your trust.	
Refer to the Farm Business section on nzfarmsource.co.nz	

#### 2. Your farms

Each farm has a Common Shareholder Number (CSN) allocated to it as the shareholding is linked to your farm, not just your party and is the only shareholding number that can be used to trade Fonterra Co-operative Group Shares for this farm and party combination. The CSN number is used by the brokers, the New Zealand Stock Exchange (NZX) and the share registries to track and record share transactions.

List here all the farms associated with your party at Fonterra. Only the farm number and CSN are required fields. If you are unsure of your farm number(s) or of the CSN allocated to your farm(s), please contact Fonterra Supplier Services.

Farm number:	Required field	CSN:	Required field
Farm name:			
Farm address:			
Farm number:	Required field	CSN:	Required field []
Farm name:			
Farm address:			
Farm number:	Required field	CSN:	Required field
Farm name:			
Farm address:			
Farm number:	Required field	CSN:	Required field []
Farm name:			
Farm address:			
Farm number:	Required field 1	CSN:	Required field ()
Farm name:			
Farm address:			
Farm number:	Required field 1	CSN:	Required field
Farm name:			
Farm address:			
	_		_
Farm number:	Required field	CSN:	Required field ()
Farm name:			
Farm address:			

## 3. Your Trustees

Please include details of all trustees. If you need more space to add more trustees, please photocopy this page. Please also ensure you complete Section 5 for all Beneficiaries.

#### **Trustees**

Name of Trustee:	Required Field
Check this box if the Trustee is a Company, Partnership or anoth You must obtain and complete the appropriate "Supplement" form	
Check this box if the Trustee is an individual person. You must then complete the tick boxes below and Section 6 – Re	elated Individuals.
Check this box if the Trustee is the primary contact. The primary contact will receive the internet trading website to Check this box if the Trustee is authorised to trade on behalf of Check this box if the Trustee will receive contract notes by email Check this box if the Trustee is a beneficiary of the trust.	of the trust.
Name of Trustee:	Required Field
Check this box if the Trustee is a Company, Partnership or anoth You must obtain and complete the appropriate "Supplement" form	
Check this box if the Trustee is an individual person. You must then complete the tick boxes below and Section 6 – Re	elated Individuals.
Check this box if the Trustee is the primary contact.  The primary contact will receive the internet trading website to	ogin.
Check this box if the Trustee is authorised to trade on behalf of Check this box if the Trustee will receive contract notes by em	
Check this box if the Trustee is a beneficiary of the trust.	
Name of Trustee:	Required Field
Check this box if the Trustee is a Company, Partnership or anoth You must obtain and complete the appropriate "Supplement" form	
Check this box if the Trustee is an individual person. You must then complete the tick boxes below and Section 6 – Re	elated Individuals.
Check this box if the Trustee is the primary contact.  The primary contact will receive the internet trading website to	ogin.
Check this box if the Trustee is authorised to trade on behalf of Check this box if the Trustee will receive contract notes by em	of the trust.
Check this box if the Trustee is a beneficiary of the trust.	iaii.
Name of Trustee:	Required Field
Check this box if the Trustee is a Company, Partnership or anoth You must obtain and complete the appropriate "Supplement" form	
Check this box if the Trustee is an individual person.	
You must then complete the tick boxes below and Section 6 – Re	elated Individuals.
Check this box if the Trustee is the primary contact.	
·	ogin. of the trust.

# 4. Settlor

Residential address:	This add	ress is required and must be a residential address. It cannot be an office address
Address line 2:		address. It cannot be an office address
Address line 3:		
Postcode:	Country:	
Email Address:		
Landline phone:	Mobile Phone:	
	Date of birth	Required for regulatory reasons
Country of birth:  ndividual's Deta  Name:  Residential address:	ils	ress is required and must be a residential address. It cannot be an office address
Individual's Deta		regulatory recession
ndividual's Deta Name: Residential address:	ils	ress is required and must be a residential
ndividual's Deta Name: Residential address: Address line 2:	ils	ress is required and must be a residential
Individual's Deta Name: Residential address:	<b>ils</b> This add	ress is required and must be a residential
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Name: Residential address: Address line 2: Address line 3: Postcode:	<b>ils</b> This add	ress is required and must be a residential
Name: Residential address: Address line 2: Address line 3: Postcode: Email Address:	This add	ress is required and must be a residential
Name: Residential address: Address line 2: Address line 3: Postcode: Email Address: Landline phone:	This add  Country:  Mobile Phone:	ress is required and must be a residential address. It cannot be an office address

#### 5. Beneficiaries

For Beneficiaries who fall within a class/category of Beneficiaries, rather than being specifically named in the Trust Deed, please refer to the "Classes of Beneficiaries" section on the next page. For all Beneficiaries named in the Trust Deed, complete the following section. If you need more space to add more beneficiares, please photocopy this page.

#### **Named Beneficiaries**

Name:		Required Fie	eld <b>()</b>
If the	ck this box if the named Beneficiary is a Company, Partnership or another Trust. E Entity has a Country of Establishment that is not New Zealand, refer to the Farm Busin rmsource.co.nz	iess secti	on on
	ck this box if the named Beneficiary is an individual person. must provide their Date of Birth and complete the tick boxes below.		
Date	e of birth		
Is th	e Beneficiary a resident for tax purposes in any country outside of New Zealand?	Yes	No
Is th	e Beneficiary a citizen in any other country outside of New Zealand?	Yes	No
If the	e answer to either of the above is "yes", please refer to the Farm Business section on nzfa	rmsource	.co.nz
Name:		Required Fie	eld <b>(</b>
Che If the	ck this box If the named Beneficiary is a Company, Partnership or another Trust. Entity has a Country of Establishment that is not New Zealand, refer to the Farm Busin rmsource.co.nz	<u> </u>	
	ck this box if the named Beneficiary is an individual person. must provide their Date of Birth and complete the tick boxes below.		
Date	e of birth		
Is th	e Beneficiary a resident for tax purposes in any country outside of New Zealand?	Yes	No
Is th	e Beneficiary a citizen of any other country outside of New Zealand?	Yes	No
If the	e answer to either of the above is "yes", please refer to the Farm Business section on nzfa	rmsource	.co.nz
Name:		Required Fie	eld <b>①</b>
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Che If the nzfa Che You	e Entity has a Country of Establishment that is not New Zealand, refer to the Farm Busin rmsource.co.nz ck this box if the named Beneficiary is an individual person. must provide their Date of Birth and complete the tick boxes below.	<u> </u>	
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Che If the nzfa Che You Date Is th	e Entity has a Country of Establishment that is not New Zealand, refer to the Farm Busin rmsource.co.nz ck this box if the named Beneficiary is an individual person. must provide their Date of Birth and complete the tick boxes below. e of birth e Beneficiary a resident for tax purposes in any country outside of New Zealand?	Yes Yes	on on No No
Che If the nzfa Che You Date Is th	e Entity has a Country of Establishment that is not New Zealand, refer to the Farm Busin rmsource.co.nz  ck this box if the named Beneficiary is an individual person. must provide their Date of Birth and complete the tick boxes below.  e of birth  e Beneficiary a resident for tax purposes in any country outside of New Zealand?  e Beneficiary a citizen of any other country outside of New Zealand?	Yes Yes	on on  No  No  No .co.nz
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Che If the nzfa Che You Date Is th Is th If the Name: Che If the nzfa Che You	e Entity has a Country of Establishment that is not New Zealand, refer to the Farm Busin rmsource.co.nz  ck this box if the named Beneficiary is an individual person.  must provide their Date of Birth and complete the tick boxes below.  e of birth  e Beneficiary a resident for tax purposes in any country outside of New Zealand?  e Beneficiary a citizen of any other country outside of New Zealand?  e answer to either of the above is "yes", please refer to the Farm Business section on nzfale  ck this box If the named Beneficiary is a Company, Partnership or another Trust.  e Entity has a Country of Establishment that is not New Zealand, refer to the Farm Busin rmsource.co.nz  ck this box if the named Beneficiary is an individual person.  must provide their Date of Birth and complete the tick boxes below.	Yes Yes rmsource	on on  No No .co.nz
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#### 5. Beneficiaries continued

For all Beneficiaries classified in the Trust Deed, complete the following section. If you need more space to add more beneficiares, please photocopy this page.

Examples of a Class/Type of Beneficiary are unborn grandchildren, a charity, a school, a church, etc.

#### **Classes of Beneficiaries**

Class/Type
Complete the Class/Type above and continue to Section 6 if the requirements below do not apply to the Beneficiary.
Check this box if the Beneficiary is a Company, Partnership or another Trust.
If the Entity has a Country of Establishment that is not New Zealand, refer to the Farm Business section on nzfarmsource.co.nz
Check this box if any existing members of the Class/Type are a citizen or resident for tax purposes outside
of New Zealand. If so please refer to the Farm Business section on nzfarmsource.co.nz
Class/Type
Complete the Class/Type above and continue to Section 6 if the requirements below do not apply to the Beneficiary.
Check this box if the Beneficiary is a Company, Partnership or another Trust.
If the Entity has a Country of Establishment that is not New Zealand, refer to the Farm Business section on
nzfarmsource.co.nz  Check this box if any existing members of the Class/Type are a citizen or resident for tax purposes outside
of New Zealand. If so please refer to the Farm Business section on nzfarmsource.co.nz
Class/Type
Complete the Class/Type above and continue to Section 6 if the requirements below do not apply to the Beneficiary.
Check this box if the Beneficiary is a Company, Partnership or another Trust.
If the Entity has a Country of Establishment that is not New Zealand, refer to the Farm Business section on
nzfarmsource.co.nz
Check this box if any existing members of the Class/Type are a citizen or resident for tax purposes outside of New Zealand. If so please refer to the Farm Business section on nzfarmsource.co.nz
Class/Type
Complete the Class/Type above and continue to Section 6 if the requirements below do not apply to the Beneficiary.
1 1 7
Check this box if the Beneficiary is a Company Partnership or another Trust
Check this box if the Beneficiary is a Company, Partnership or another Trust.  If the Entity has a Country of Establishment that is not New Zealand, refer to the Farm Business section on
Check this box if the Beneficiary is a Company, Partnership or another Trust.  If the Entity has a Country of Establishment that is not New Zealand, refer to the Farm Business section on nzfarmsource.co.nz
If the Entity has a Country of Establishment that is not New Zealand, refer to the Farm Business section on nzfarmsource.co.nz  Check this box if any existing members of the Class/Type are a citizen or resident for tax purposes outside
If the Entity has a Country of Establishment that is not New Zealand, refer to the Farm Business section on nzfarmsource.co.nz

## 6. Related individuals

Name:			
Residential address:	This add	dress is require address. It o	ed and must be a residential cannot be an office address
Address line 2:			
Address line 3:			
Postcode:	Country:		
Email Address:			
Landline phone:	Mobile Phone:		
Country of birth:	Date of birth		Required for regulatory reasons
Are you a resident for	tax purposes in any country outside of New Zealand?	Yes	No
Are vou a citizen in an	y other country outside of New Zealand?	Yes	No
	e Farm Business section on nzfarmsource.co.nz		
dividual's Deta	ils		ed and must be a residential cannot be an office address
dividual's Deta	ils		
dividual's Deta Name: Residential address:	ils		
Name: Residential address: Address line 2:	ils		
Name: Residential address: Address line 2: Address line 3:	<b>ills</b> This add		
Name: Residential address: Address line 2: Address line 3: Postcode:	<b>ills</b> This add		cannot be an office address
Name: Residential address: Address line 2: Address line 3: Postcode: Email Address:	ils  This add  Country:		
Name: Residential address: Address line 2: Address line 3: Postcode: Email Address: Landline phone: Country of birth:	This add  Country:  Mobile Phone:		cannot be an office address
Name: Residential address: Address line 2: Address line 3: Postcode: Email Address: Landline phone: Country of birth:  Are you a resident for	This add  Country:  Mobile Phone: Date of birth	address. It o	Required for regulatory reasons

## 6. Related individuals continued

Name:				
Residential address:		This add	lress is required address. It ca	and must be a residential Innot be an office address
Address line 2:				
Address line 3:				
Postcode:		Country:		
Email Address:				
Landline phone:		Mobile Phone:		
Country of birth:		Date of birth		Required for regulatory reasons
Are you a resident for	toy purposes in any country outside of	F Now Zooland?	Voc	No
Are you a resident for	tax purposes in any country outside of	New Zealand?	Yes	NO
Are you a citizen in an	y other country outside of New Zealar	d?	Yes	No
Individual's Deta	ils			
	ils	This add		and must be a residential
Name:	ils	This add		and must be a residential nnot be an office address
Name: Residential address:	ils	This add		
Name: Residential address: Address line 2:	ils	This add		
Name: Residential address: Address line 2: Address line 3:	ils			
Name: Residential address: Address line 2: Address line 3: Postcode:	ils			
Name: Residential address: Address line 2: Address line 3: Postcode: Email Address:	ils	Country:		
Name: Residential address: Address line 2: Address line 3: Postcode: Email Address: Landline phone: Country of birth:		Country:  Mobile Phone:  Date of birth	address. It ca	Required for regulatory reasons
Name: Residential address: Address line 2: Address line 3: Postcode: Email Address: Landline phone: Country of birth:	ils  tax purposes in any country outside of	Country:  Mobile Phone:  Date of birth		innot be an office address
Residential address:  Address line 2:  Address line 3:  Postcode:  Email Address:  Landline phone:  Country of birth:  Are you a resident for		Country:  Mobile Phone:  Date of birth  f New Zealand?	address. It ca	Required for regulatory reasons

# 7. Authorised representatives

	ative is someone who you allow to trac ives need to be an individual – you ca		
The representative will no	eed to sign this form and their identific	cation will need to l	pe certified.
You can nominate multip this page.	le representatives. If you need more s	space to add repre	sentatives, please photocopy
Check this box if you	ou don't want to have a representative	e and go to <b>Sectio</b>	า 8
Authorised repre	esentative(s)		
Name:			
Residential address:		This add	dress is required and must be a residential address. It cannot be an office address
Address line 2:			
Address line 3:			
Postcode:		Country:	
Email address:			
Landline phone:		Mobile phone:	
Country of birth:	Required for regulatory reasons	Date of birth:	Required for regulatory reasons
Check this box if th for internet trading	e representative will receive the webs	site login	Only one person can receive the internet trading website login. Other nominated traders can trade by phone
Check this box if th	e representative will receive contract	notes by email	Ensure you supply an email address if you tick this box
Check this box if th	is representative is a beneficiary of th	e trust	
Signature of Representa	ative:		
			Date:

# 7. Authorised representatives continued

News		
Name:		
Residential address:	This add	lress is required and must be a residential address. It cannot be an office address
Address line 2:		
Address line 3:		
Postcode:	Country:	
Email address:		
Landline phone:	Mobile phone:	
Country of birth:	Required for regulatory reasons   Date of birth:	Required for regulatory reasons
Check this box if the for internet trading	e representative will receive the website login	Only one person can receive the internet trading website login. Other nominated traders can trade by phone
Check this box if the	e representative will receive contract notes by email	Ensure you supply an email address if you tick this box
Check this hav if th	is representative is a beneficiary of the trust	
gnature of Representa	tive:	Date:
		Date.

## 8. Security questions

· · ·	rill need to be known by all people who are authorised to
Questions could be related to your farm, e.g. How ma supplying Fonterra?	ny hectares do we have? or What year did we start
Question 1:	Answer 1:
Question 2:	Answer 2:
Question 3:	Answer 3:
9. Document checklist	
or Document Grockingt	
Please obtain the documentation as listed below and for more information.	enclose with this application form. See the guidance booklet
We enclose certified or verified proof of legal na the CDD Letter and authorised representatives.	me and date of birth for all trustees who are specified in
We enclose certified or verified source of funds	evidence (as described in Section 1, Question 1).
We enclose certified or verified proof of resident Letter and authorised representatives.	tial address for all trustees who are specified in the CDD
We enclose a bank deposit slip or similar bank-g	generated proof of the Trust's bank account details
We enclose a certified or verified copy of the Tru	ust Deed

Version 4BL

Please ensure you sign the form on the next page!

#### 10. Signatures

I/We agree to be bound by the terms and conditions set out in this Application Form and the accompanying booklet 'Farm Source Trading Account - Terms and Conditions' (a copy of which I/we acknowledge I/we have received and read). I/We further agree that the 'Farm Source Trading Account - Terms and Conditions' may be amended by Jarden Securities Limited (Jarden) from time to time, and I/we agree to be bound by any such amendments.

I/We confirm that all the details set out in this Application Form are correct.

I/We agree that instructions may be given and Orders may be placed by me/us or an Authorised Representative by letter, telephone, facsimile, email or any other medium and in all cases Jarden is entitled to rely on such instructions and Orders and treat them as genuine (without further enquiry as to the identity or authority of the sender of the instructions or Orders) if the instructions or Orders appear to Jarden to have come from me/one of us or any Authorised Representative.

I/We agree that we are responsible for notifying Jarden of any changes to my/our contact details (including address, email address and mobile phone number) and for any consequences resulting from my/our failure to do so.

I/We authorise Jarden to implement all Orders on this account by placing them to the market in such a manner as Jarden considers appropriate having exercised this discretion with reasonable care. I/We accept that Jarden does not guarantee and gives no warranty that this will produce the best or any particular price. I/We acknowledge that Jarden may submit Orders in this manner unless I/we give Jarden instructions to the contrary either generally or in relation to a specific Order.

I/We authorise Jarden to retain an encrypted copy of my/our Faster Identification Number (FIN) which will be automatically populated into all sell Orders submitted into my/our account. I/We acknowledge that by permitting Jarden to retain my/our FIN, I/we are giving Jarden ability to transfer my/our security holdings to other persons.

Jarden will encrypt your FIN as soon as reasonably practicable and your FIN will only be used by Jarden in the implementation of your trading instructions or Orders and provision of services to you. Additionally, Jarden undertakes that it will at all times use reasonable endeavours to protect your FIN from unauthorised use or access.

Where your account is made up of more than one person, all such persons accept that they are jointly and severally liable for any instructions executed on your account and that Jarden is entitled to act upon the instructions of any one of those persons unless written, signed instructions from all such persons are provided to the contrary.

This Application Form may be signed in any number of counterparts all of which, when taken together, will constitute one and the same instrument.

I/We give Jarden Securities Limited (Jarden) authority to unconditionally and irrevocably accept instructions in relation to my/our funds deposited in the NZD Call Account. I/we also agree, and authorise, Jarden to:

- · Pay for my/our securities purchases made through Jarden from my/our funds deposited in the NZD Call Account
- Deposit my/our funds in the NZD Call Account following my/our sale of securities through Jarden, in accordance with this Application Form and any specific instructions from me/us.

I/We authorise Jarden to disclose personal information and documentation provided in or with this form to Fonterra Co-operative Group Limited for the purposes of identify verification of the relevant person(s) for anti-money laundering compliance purposes.

All trustees must sign below. If you require continuation pages, please photocopy this page. The Signature(s) below must reasonably match your signature as per the identification that you have provided

Full name:		Full name:	
Signature:		Signature:	
Date:		Date:	
Full name:		Full name:	
Signature:		Signature:	
Date:		Date:	

## What happens next?

- Email this form and the required documentation to Jarden at farmsource@jarden.co.nz.
- When you have sent in the required documentation Jarden will check the application form. If they have any questions, they may contact you directly.
- If at any time you want to know the status of your application, contact Supplier Services on 0800 65 65 68
- Applications may take up to two to three weeks to be processed.

Notes	

