



New Call Investment Application Form

Account name:

If joint account, please nominate the Primary Account Holder (RWT payer):

Investment details

Amount: \$ (\$500 minimum)

Purpose of account:

Nominated account

Account name:

Account number: _____ - _____ - _____ - _____

Signing authority

How many individuals will be required to authorise transactions or give us instructions in relation to your WBS investment?

☐ Any one alone ☐ Any two together ☐ Other (Please specify)

Declaration

1. I/we have read, understood and accept the terms of the current Product Disclosure Statement available on our website – wbs.net.nz.
2. I/we agree to the terms outlined above in relation to document certification and the Privacy Act 2020 as amended or replaced by subsequent legislation and the use of personal information.
3. I/we agree to WBS obtaining information for AML/CFT purposes.
4. I/we agree to WBS disclosing information as required in accordance with any applicable law.
5. I/we consent to WBS undertaking electronic verification for my personal details through an electronic verification service. Electronic verification may check information with the document issuer, official record holder, credit bureau or authorised third parties.

Full name: Signed: Date: / /

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