

PAYMENT OF THE ENTRUST DIVIDEND TO BODY CORPORATES

This form is for use by body corporates.

The Entrust dividend is paid to Entrust income beneficiaries as named on the dividend roll. The dividend is paid into a bank account of the same name. This form can be used where the beneficiary is a body corporate that does not have a bank account which matches the name on the dividend roll.

In that case, Entrust is legally required to obtain signed, written instructions regarding payment from either the chairperson of the body corporate or the chairperson of the body corporate committee. (See further below)

The payment instruction given in this form will stay in place until such time as the body corporate revokes it. That means that body corporates will not have to complete this form every year.

Please follow the instructions below and return this form to Entrust so we can complete this payment.

PAYMENT INSTRUCTION FORM FOR PAYMENT OF ENTRUST DIVIDEND TO BODY CORPORATE

To be completed by an authorised signatory for the relevant body corporate, who will be either the Chairperson of the body corporate or, if the body corporate has a body corporate committee and has delegated the function of signing documents on behalf of the body corporate to that body corporate committee, the Chairperson of the body corporate committee. Note that specific witnessing requirements apply (as set out overleaf).

TO: THE TRUSTEES OF ENTRUST

1. I refer to the _____
[insert full name of individual body corporate] (the **Body Corporate**),
which is the holder of ICP number(s) _____
[insert applicable ICP number(s) from Entrust dividend forms].

2. I am the _____ [insert "Chairperson" or "Chairperson of the Committee"]
of the Body Corporate and I am duly authorised in accordance with all relevant laws to sign this form on behalf of the Body Corporate.
I confirm that all of the information provided in this form is true and correct.

3. This form has been properly executed (and witnessed) in accordance with all relevant laws applicable to the Body Corporate.

4. The Body Corporate requests payment of the Entrust dividend for _____ [insert year] as follows [choose one only]:

- A** The Body Corporate does not have its own bank account but rather requires the Entrust dividend to be paid into the trust account of its body corporate manager who will hold and deal with the Entrust dividend on the Body Corporate's behalf; **OR** **B** The Body Corporate has its own bank account and requires payment to that account.

5. Please pay the Entrust dividend due to the Body Corporate to [choose one only]:

- A** Where the Body Corporate does not have its own bank account: the bank account of _____ **OR** **B** Where the Body Corporate has its own bank account, that bank account, the details of which are:

[insert full name of body corporate manager],
the details of which are:

NEW ZEALAND BANK ACCOUNT NUMBER												
												0
BANK ACCOUNT IN THE NAME OF												

6. The Body Corporate acknowledges that Entrust shall have no liability to the Body Corporate for continuing to pay Entrust dividends to the Body Corporate in accordance with the instructions in paragraph 5 for years subsequent to the date of this payment instruction form unless and until the payment instructions in paragraph 5 are revoked or amended in writing by a duly authorised signatory of the Body Corporate. The Body Corporate acknowledges that it is solely responsible for notifying Entrust in writing of any change in payment instructions including, but without limitation, where the Body Corporate changes its bank account details or changes its body corporate manager.

SIGNATURES REQUIRED. SEE OVERLEAF.

Signed by a duly authorised signatory of the Body Corporate on _____ [insert date]:

SIGNATURE OF DULY AUTHORISED SIGNATORY (being the Chairperson or the Chairperson of the Committee, as applicable)

FIRST NAME

SURNAME

POSITION IN BODY CORPORATE

Specify either "Chairperson" or "Chairperson of the Committee" of the Body Corporate

EMAIL

PHONE

In the presence of:

SIGNATURE OF WITNESS

FIRST NAME

SURNAME

POSITION IN BODY CORPORATE

Specify one of the following, as applicable, noting that the witness must be either:

1. A member of the body corporate committee; or
2. If no body corporate committee has been elected, a member of the body corporate; or
3. If there is only one member of the body corporate, a person who is not a member of the body corporate and who is not a party to, or otherwise interested in, the matters set out in this form.

EMAIL

PHONE

**YOU MUST RETURN THIS PAYMENT INSTRUCTION FORM BEFORE THE DIVIDEND EXPIRY DATE: 19 SEPTEMBER 2025.
ALLOW 15 WORKING DAYS ONCE ENTRUST RECEIVES YOUR FORM FOR PAYMENT TO BE MADE.**

EMAIL:

Scan or photograph the completed form and email to: payment@entrustdividend.co.nz

POST:

Entrust Dividend, FREEPOST 264247, Private Bag 92088, Victoria Street West, Auckland 1142. You don't need a stamp.

CHECK YOUR DETAILS

Please take care of this form and check carefully that all the information you are providing to Entrust is correct. If you are entitled to a dividend payment, Entrust will rely on this information to make the dividend payment. By returning this form to Entrust, you confirm that the information you have given Entrust is correct and that you are authorised to give Entrust these dividend payment instructions for the power accounts listed.

YOUR PRIVACY

The information provided in this form is confidential and will be used only to enable Entrust (and the contractors it uses who are also bound by confidentiality obligations) to provide information to you as an Entrust beneficiary and pay you the dividend, in compliance with the Privacy Act 2020. See Entrust's privacy policy at <https://www.entrustnz.co.nz/privacy-policy/> for more details.