

Application for Membership

Please complete application and e-mail to admin@paa.co.nz

Please select your region (✓ appropriate box)

- | | | | |
|--------------------------|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Auckland North (North of Orewa) | <input type="checkbox"/> | Wellington |
| <input type="checkbox"/> | Auckland Central | <input type="checkbox"/> | Nelson / Marlborough |
| <input type="checkbox"/> | Waikato BOP | <input type="checkbox"/> | Canterbury Region |
| <input type="checkbox"/> | Gisborne / Hawkes Bay Region | <input type="checkbox"/> | West Coast Region |
| <input type="checkbox"/> | Taranaki / Central Plateau Region | <input type="checkbox"/> | Otago / Southland Region |

Personal Details:

Title:	<i>Mr</i> <input type="checkbox"/> <i>Mrs</i> <input type="checkbox"/> <i>Miss</i> <input type="checkbox"/> <i>Ms</i> <input type="checkbox"/>
First Name:	
Middle Names:	
Last Name:	
Preferred Name:	
Are you known by any other name – if yes, please enter:	
Date of birth:	
Company / Business Name:	
Business Mailing Address:	
	Postcode:

Business Street Address:	Street:
	Suburb/Town:
	City:
	Post Code:
Telephone Numbers:	Work/DDI:
	Home:
	Mobile:
E-mail:	
Qualifications:	
FSPR Number:	
Aggregation Group:	

Note: A credit check MUST accompany this application – you can obtain this from www.equifax.co.nz

Nominators / Referees:

This application is to be supported by two nominees who are currently members of the PAA – list below. PAA will contact your Nominators / Referees as part of the application process and may, if deemed necessary, discuss this application with additional parties. Signing of this application is taken as your consent to contact these Nominators / Referees or additional parties as relevant. Information obtained in this process is evaluative information that the PAA is under no obligation to disclose to you – the applicant.

Proposed by:	Seconded by:
Signature:	Signature:

Work History:

How many years have you worked in the financial services industry?	
Name of your current Employer:	
How long have you spent in your current position?	

Please advise percentage against each activity you are involved in:

Activity	% of business
Mortgage	
Personal & Business Risk	
Investment	
Fire and General	
KiwiSaver	
Health	
Other (please list)	

List all positions held over the last 5 years, beginning with your current position (indicate if self-employed) or attach CV.

Date	Company	Position	Duties

General Requirements:

<i>Please</i> ✓	Yes	No
Have you been a member of PAA at any time in the past?		
Are you a Registered Financial Adviser?		
Are you an Authorised Financial Adviser (AFA)?		
Are you a member of a Qualified Financial Entity or a QFE adviser (QFE)?		
Do you have professional or other indemnity and liability insurance?		
Have you ever been refused professional or other indemnity insurance?		
Have you ever been bankrupt, declared or not?		
Have you been the Owner, Manager or Director of a business that has been insolvent?		
Have you been an Officer of a company wound up by the courts?		
Have you been convicted of any criminal offence, other than minor traffic violations?		
Have you been disciplined or dismissed by any professional organisation, or refused an agency or agreement with any Company or Organisation?		
Are you aware of any matters that may impact upon the Association's consideration of your application not covered above?		
If you answered YES to any of the above, please provide further details in writing:		

Payment options:

For new members of the PAA, the following options are available for payment of your PAA membership fees. You must complete a direct debit payment form for monthly payments, or select the option to be invoiced annually. If you select Professional Indemnity (PI) cover, an invitation will be sent to you to complete the online application.

Payment Options – inclusive GST		Cost p/m	Cost p/a
<input type="checkbox"/>	PAA Membership fees:	\$63.25	\$759.00
Professional Indemnity (PI) Insurance Rates			
<input type="checkbox"/>	\$1,000,000 Mortgages	\$78.58	\$ 943.00
<input type="checkbox"/>	\$1,000,000 Standard	\$97.75	\$1,173.00
<input type="checkbox"/>	\$1,000,000 Investment Exposure	\$124.00	\$1,488.10
<input type="checkbox"/>	\$2,000,000 Mortgages	\$92.96	\$1,115.50
<input type="checkbox"/>	\$2,000,000 Standard	\$116.92	\$1,403.00
<input type="checkbox"/>	\$2,000,000 Investment Exposure	\$153.62	\$1,843.45
<input type="checkbox"/>	\$2,500,000 Mortgages	\$112.13	\$1,345.50
<input type="checkbox"/>	\$2,500,000 Standard	\$128.42	\$1,541.00
<input type="checkbox"/>	\$2,500,000 Investment	\$164.35	\$1,972.25
<input type="checkbox"/>	\$3,000,000 Mortgages	\$121.71	\$1,460.50
<input type="checkbox"/>	\$3,000,000 Standard	\$133.69	\$1,604.25
<input type="checkbox"/>	\$3,000,000 Investment Exposure	\$174.13	\$2,089.55
<input type="checkbox"/>	\$5,000,000 Mortgages	\$136.08	\$1,633.00
<input type="checkbox"/>	\$5,000,000 Standard	\$172.50	\$2,070.00
<input type="checkbox"/>	\$5,000,000 Investment Exposure	\$217.93	\$2,615.16
Employment Disputes Rates		Monthly	Annual
<input type="checkbox"/>	Total 1-4 employees	\$23.96	\$287.52
<input type="checkbox"/>	Total 5 employees	\$26.35	\$316.20
<input type="checkbox"/>	Total 6 employees	\$28.75	\$345.00
<input type="checkbox"/>	Total 7 employees	\$31.15	\$373.80

Cyber Liability cover is also available – refer PI application upon receipt

Completed forms should be sent to admin@paa.co.nz or by post.

Please note the following:

1. Under the Privacy Act 1993 we are required to inform you that information supplied will be captured to the PAA database and used for membership purposes only. Membership will not commence until ratified by the PAA Board.
2. A member, who in the opinion of the Board, is not a fit and proper person to be a member, or a member of any of the Association's member benefit schemes, because of contravention of the PAA Code of Ethics, shall have such membership terminated by the Board. Written notice shall be sent to the member concerned.
3. The PAA reserve the right to cancel your membership should your membership or subscriptions remain unpaid for 3 months. Any costs incurred for the recovery of outstanding membership or subscriptions must be paid by the member including debt collection fees.

Check List:

1. Have you completed all sections?
2. Has your application been proposed and seconded by PAA members?
3. Have you completed and enclosed your Direct Debit form – these can be scanned however, ASB require original documents for lodgement which can either be done at your local branch by you or the original **posted** to the PAA for lodgement. If you lodge with your local branch please advise and send us a scanned copy for our records.
4. Have you attached your Credit Check? You can obtain a free check from www.equifax.co.nz.

The Procedure:

- Once your membership application has been received it will be entered into the system and you will receive an email informing you that the application has been received.
- Preliminary approval will be sought upon the receipt of ALL relevant documentation.
- If you have indicated that you require PI cover, you will receive, by e-mail from ProposalOnline, an invitation to log on and receive a password to enable you to access their web site to complete your application – PAA will be advised upon completion of this application. You will then be covered and charged for the full month the application is accepted and issued i.e. if this happens on the 25th of April, you will be covered and charged for all of April.
- Your application will then go forward to the PAA Board for acceptance – once ratified you will be charged for the month of acceptance. You will then receive a confirmation e-mail and a new member pack will be couriered to you.

Direct Debit Form:

Please note that the following Direct Debit Form must be completed and the original copy returned to our 10 working days prior to the end of the month.

I agree to pay the membership fee (as set by the PAA Board), and any other subscriptions, either as a monthly payment by Direct Debit or an annual one off payment.

Signed as Correct:

I confirm that the details I have provided in this application form are a true and accurate record and I agree to all the terms and conditions within this application.

Signature:	
Name:	
Date:	

AUTHORITY TO ACCEPT DIRECT DEBITS

**PROFESSIONAL ADVISERS ASSOCIATION INC (PAA)
PO Box 911335, Victoria Street West, Auckland 1142**

NAME OF ACCOUNT:

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or agreement)

CUSTOMER TO COMPLETE BANK/BRANCH NUMBER AND ACCOUNT NUMBER AND SUFFIX OF ACCOUNT TO BE DEBITED

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank		Branch Number				Account Number				Suffix			

To: The Manager (please print full postal address clearly for window envelope)

BANK BRANCH	
ADDRESS (P O Box)	
TOWN / CITY	

AUTHORISATION CODE

0	1	0	5	5	0	4
---	---	---	---	---	---	---

DATE:.....

I / We authorise you until further notice in writing to debit my/our account with you all amounts which:
PROFESSIONAL ADVISERS ASSOCIATION INC (PAA)
(herein after referred to as the Initiator)
the registered initiator of the above Authorisation Code, may initiate by Direct Debit.

I / We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on the reverse of this form.

INFORMATION TO APPEAR IN MY/OUR BANK STATEMENT (TO BE COMPLETED BY INITIATOR)

PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF ACCOUNT (CUSTOMER TO COMPLETE)

AUTHORISED SIGNATURE(S)

<p>Approved</p> <hr/>	FOR BANK USE ONLY			<p>BANK STAMP</p>
	DATE RECEIVED:	RECORDED BY:	CHECKED BY:	
<p>Original: Retain at Branch. Copy: Forward to Initiator in postage prepaid and addressed envelope provided by the Initiator.</p>				

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1 The Initiator:

- (a) Has agreed to give written advance notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days before (but not more than 2 calendar months) the date when the Direct Debit will be initiated. The advance notice will include the following message:

"Unless advice to the contrary is received from you by (date*), the amount of \$..... will be directly debited to your Bank account on (initiating date)."

*This date will be at least two (2) working days prior to the initiating date to allow for amendment of Direct Debits.

- (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2 The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator (Professional Advisers Association Inc).
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank and Professional Advisers Association Inc prior to the Direct Debit being paid by the Bank.

3 The Customer acknowledges that:

- (a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:
- i) The accuracy of information about Direct Debits on Bank statements.
 - ii) Any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4 The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, Cheque or Draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this Authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.