

Company/Trust or Entity Lump Sum Withdrawal Form

This form should only be completed if you choose to make a withdrawal from your Milford Investment Funds account.

Important Notes:

- 1. There may be additional documentation/information that we need to process this withdrawal. Please contact us to check if this is the case.
- 2. If all completed paperwork and required documentation is received by 3pm, withdrawal requests will generally be processed using the closing unit prices for that day. Please note, in some circumstances we may require up to 10 days' notice of a withdrawal.

Account Details					
MILFORD ACCOUNT NAME (e.g. A B	Smith Trust)	ACCOUNT NUMBER			
		ML			
Withdrawal Detai	S				
REASON FOR WITHDRAWAL? (e.g. g	eneral living expenses, asset purchase, holiday,	alternate investment)			
corresponding box.	to be taken from each Fund. If you wish to make	·			
Conservative Fund	\$	Or Full withdrawal and close Fund			
Diversified Income Fund	\$	Or Full withdrawal and close Fund			
Balanced Fund	\$	Or Full withdrawal and close Fund			
Active Growth Fund	\$	Or Full withdrawal and close Fund			
Australian Absolute Growth Fund	\$	Or Full withdrawal and close Fund			
Aggressive Fund	\$	Or Full withdrawal and close Fund			
Cash Fund	\$	Or Full withdrawal and close Fund			
Trans-Tasman Bond Fund	\$	Or Full withdrawal and close Fund			
Global Corporate Bond Fund	\$	Or Full withdrawal and close Fund			
Global Equity Fund	\$	Or Full withdrawal and close Fund			
Trans-Tasman Equity Fund	\$	Or Full withdrawal and close Fund			
Dynamic Fund	\$	Or Full withdrawal and close Fund			
TOTAL WITHDRAWAL AMOUNT	\$				

Company/Trust or Entity Lump Sum Withdrawal Form (continued)

Bank Account Details
Please pay the withdrawal into my/our nominated bank account held on file.
If you have not previously provided your bank account details, including proof of the bank account, or your bank account has changed, please complete the section below and provide proof of your bank account (refer below) along with this form. Please note withdrawals will only be paid into a New Zealand domiciled bank account which is in the same name as your Milford Funds holding. We are unable to make payments to third party or international bank accounts.
ACCOUNT NAME
BANK
BRANCH
ACCOUNT NUMBER BANK BRANCH ACCOUNT NUMBER SUFFIX
PROOF OF BANK ACCOUNT
One of the following:
Bank statement dated within the last 12 months
Bank deposit slip
Online bank summary page or transaction history, dated within the last 12 months
Deposit receipt, account summary or transaction receipt, dated within the last 12 months and must be stamped by the bank
Bank correspondence with the account name and account number, dated within the last 12 months

Company/Trust or Entity Lump Sum Withdrawal Form (continued)

Investor Identification

Please be aware Milford requires your identity and proof of address documents to process a withdrawal.

If Milford does not have this documentation on file you will need to provide it.

Who do we need to identify?

- All Trustees
- Executors
- Any other individuals who have influence or control over the Trust or Estate assets (including settlors, appointers, protectors)
- Any other individuals who have influence or control over investment decisions
- Settlors where the sum settled into the Trust was significant
- Any beneficiary in a non-discretionary Trust with greater than
- 25% interest
 Directors
- Shareholders with greater than 25% shareholding
- Any individuals acting under Power of Attorney

We have two options for clients to confirm their identity and/or address:

Option 1 - Electronically, using a third party identity verification system.

Option 2 - Investor providing certified copies of their identity and proof of address documents.

Please select one option for each individual.

INDIVIDUAL ONE:

Option 1 I confirm that I give Milford authority to check my identity and/provided. I have included a copy of my current signed NZ Passi Please note, if this method fails to identify you, we will contact	port (preferred) or NZ Driver L	cence (front & back)
FULL NAME as it appears on the chosen document		
RESIDENTIAL ADDRESS	COUNTRY	POSTCODE
or		
Option 2		
Please verify my identity and address with the attached docum	nents:	

- · Certified copy of identification document/s
- Certified copy of physical address

For further detail on document requirements, including who can certify them and correct certification wording, see page 6.

INDIVIDUAL TWO:

Option 1

I confirm that I give Milford authority to check my identity and/or New Zealand address electronically using the documentation provided. I have included a copy of my current signed NZ Passport (preferred) or NZ Driver Licence (front & back)

Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option 2 below.

FULL NAME as it appears on the chosen document

RESIDENTIAL ADDRESS	COUNTRY	POSTCODE

or

Option 2

Please verify my identity and address with the attached documents:

- Certified copy of identification document/s
- Certified copy of physical address

For further detail on document requirements, including who can certify them and correct certification wording, see page 6.

Company/Trust or Entity Lump Sum Withdrawal Form (continued)

Investor Identification (cont	inued)	
INDIVIDUAL THREE: Option 1		
I confirm that I give Milford authority to check my ident provided. I have included a copy of my current signed in Please note, if this method fails to identify you, we will	NZ Passport (preferred) or NZ Driver Lie	cence (front & back)
FULL NAME as it appears on the chosen document		
RESIDENTIAL ADDRESS	COUNTRY	POSTCODE
Option 2 Please verify my identity and address with the attached Certified copy of identification document/s Certified copy of physical address For further detail on document requirements, including INDIVIDUAL FOUR: Option 1 I confirm that I give Milford authority to check my identified provided. I have included a copy of my current signed in the Please note, if this method fails to identify you, we will FULL NAME as it appears on the chosen document	ig who can certify them and correct ce tity and/or New Zealand address electro NZ Passport (preferred) or NZ Driver Lic	onically using the documentation cence (front & back)
POLE NAME as it appears on the chosen document		
RESIDENTIAL ADDRESS	COUNTRY	POSTCODE
or Option 2 Please verify my identity and address with the attached Certified copy of identification document/s Certified copy of physical address	d documents:	

For further detail on document requirements, including who can certify them and correct certification wording, see page 6.

Other Requirements (if not already provided)

Trusts or Estates

- Trust deed, including any amendments
- Certified copy of Probate
- Full name and date of birth of any named beneficiaries of a non-discretionary Trust
- · Details and documentation of source of funds or wealth

Company

- · List of individuals who are authorised to act on behalf of the company, signed by at least two Directors
- Details and documentation of source of funds or wealth

Company/Trust or Entity Lump Sum Withdrawal Form (continued)

Declaration

I/We, trustee(s)/executor(s)/director(s)/partner(s) of (name of trust/estate/company/partnership) ("the entity") confirm. The entity has not changed since the last transaction with Milford OR if the entity has been amended; a copy of any amendments is attached to this withdrawal form.

We will immediately advise Milford of any changes, variations or amendments to the entity which affects the trustees/executors/directors/partners powers of investment. We will immediately advise Milford of any changes to the trustee(s)/executor(s)/director(s)/partner(s) of the entity.

The below named trustee(s)/executor(s)/director(s)/partner(s) are validly appointed as trustees/executors/directors/partner of the entity and remain(s) trustee(s)/executor(s)/director(s)/partner(s) of the entity and have signing authority to act on behalf of the entity.

SIGNED BY				
FULL NAME INDIVIDUAL 1				
SIGNATURE	DATE			
SIGNATURE	DATE			
		/	/	
FULL NAME INDIVIDUAL 2				
SIGNATURE	DATE			
		/	/	
FULL NAME INDIVIDUAL 3				
FOLE NAME INDIVIDUAL 3				
SIGNATURE	DATE			
		/	/	
		,	,	
FULL NAME INDIVIDUAL 4				
SIGNATURE	DATE			
		/	/	

Please send this withdrawal form to: Milford Funds Limited, PO Box 960, Shortland Street, Auckland 1140 OR email transactions@milfordasset.com

Company/Trust or Entity Lump Sum Withdrawal Form (continued)

Investor Identification Requirements

If you have opted not to use Electronic Identity Verification or did not pass this system check then you will need to provide the following documentation.

Please provide a certified photocopy of each document:

- The documents can be verified by a Milford employee or certified by a Trusted Referee as described below.
- These documents cannot be scanned to us (we need the copy that has been physically certified).
- Please do not send in original versions of your identity documents.

CERTIFIED COPY OF IDENTIFICATION

02			
Option 1 One of t	l he following:	Option	2
	Current signed Passport (preferred)		New Zealand Driver Licence (front and back)
	New Zealand Firearms Licence	In comb	pination with one of the following:
OR			Bank statement, received in the post from the bank and dated within the last 12 months
			Valid credit or debit card with name embossed and signature
			Birth certificate
			Citizenship certificate
			Government agency letter (IRD, Work & Income, Electoral Commission) that you received in the post and dated within the last 12 months
			SuperGold card with photo, name and signature
	IFIED ADDRESS PROOF e name and physical address, cannot	be a PO	Box address.
One o	f the following:		
	Bank statement, received in the post	from the	e bank and dated within the last 12 months

Letter issued by local Health Board dated within the last 12 months

0	or the renerality.
	Bank statement, received in the post from the bank and dated within the last 12 months
	Current house or contents insurance policy
	Current vehicle registration dated within the last 12 months
	Government agency letter (IRD, Work & Income, Electoral Commission) that you received in the post and dated within the last 12 months
	Utility bill (power, water, internet, fixed home phone, SKY) dated within the last 12 months
	Rates bill dated within the last 12 months
	Tenancy agreement dated within the last 12 months

3. ACCEPTED TRUSTED REFEREES

Originals can be verified by a Milford employee OR certified by a Trusted Referee in accordance with the instructions outlined below. Certified copies of identification must be presented to Milford within three months of certification.

Identification must be certified by one of the following:

- Lawyer with a current practising certificate
- Chartered Accountant
- Member of the Police
- Justice of the Peace
- Registered Medical Doctor

- Registered Teacher
- New Zealand Honorary Consul
- **Notary Public**
- A person who has the legal authority to take statutory declarations or the equivalent in New Zealand

The certifier must:

- Make the statement "I certify this to be a true copy of the original which I have sighted and represents a true and correct likeness of [name of the person presenting the documentation for certification]."
- Include their name, occupation and capacity to be a certifier e.g. registration number (if applicable), signature and date
- Not be living at the same address, a relative or spouse of the individual presenting the documents, or be involved in the transaction or business requiring the certification.