



Milford Investment Funds 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

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Withdrawal Details

REASON FOR WITHDRAWAL? (e.g. general living expenses, asset purchase, holiday, alternate investment)

Please detail the withdrawal amount to be taken from each Fund. If you wish to make a full withdrawal please tick the corresponding box.

Please note you need to maintain a minimum balance of \$1,000 per Fund. Any PIE tax payable will be included on top of the specified amount.

Conservative Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Diversified Income Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Balanced Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Active Growth Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Australian Absolute Growth Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Aggressive Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Cash Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Trans-Tasman Bond Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Global Corporate Bond Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Global Equity Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Trans-Tasman Equity Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
Dynamic Fund	\$ <input style="width: 80%;" type="text"/>	Or <input type="checkbox"/> Full withdrawal and close Fund
TOTAL WITHDRAWAL AMOUNT	\$ <input style="width: 80%;" type="text"/>	

Milford Investment Funds 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

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

Milford Investment Funds 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
- Settlers 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/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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

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

Investor Identification (continued)

INDIVIDUAL THREE:

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.

INDIVIDUAL FOUR:

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.

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

Milford Investment Funds 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

FULL NAME INDIVIDUAL 2

SIGNATURE

DATE

FULL 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 info@milfordasset.com

Milford Investment Funds 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.

1. CERTIFIED COPY OF IDENTIFICATION

Option 1

One of the following:

Current signed Passport (preferred)

New Zealand Firearms Licence

OR

Option 2

New Zealand Driver Licence (front and back)

In combination with one of the following:

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

2. CERTIFIED ADDRESS PROOF

Must state name and physical address, cannot be a PO Box address.

One of the following:

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

Letter issued by local Health Board 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** of certification.
- 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.