

TV/video advertising Other _



Milford Investment Funds - Intermediary Company or Partnership Application Form

Note: Company & Partnership applications have a minimum initial investment of \$100,000 (this can be split across multiple Funds).

A - Investing Entity D	Petails ————————————————————————————————————			
COMPANY / PARTNERSHIP NAME				
COMPANY IDENTIFIER OR REGISTRATION N	UMBER (NZBN)			
EMAIL ADDRESS (will receive account comm	unications)	CONTACT PHONE NUMBER		
REGISTERED COMPANY ADDRESS (cannot be	a PO Box)	SUBURB		
	·			
CITY	COUNTRY	POSTCODE		
POSTAL ADDRESS (if different from physical	address)	SUBURB		
CITY	COLINITRY	DOCTOODE		
CITY	COUNTRY	POSTCODE		
COMPANY / PARTNERSHIP IRD NUMBER*				
*For New Zealand resident entities, if no IRD number has been received within six weeks of joining the Fund, we are required by law to close your account.				
Please complete the following two questions if the entity is a Company or Limited Partnership.				
	ave any nominee directors or nominee shareh e person(s) in the Notes Section (page 13) and			
of the nominee relationship	e person(s) in the Notes Section (page 15) and	a molade a copy of their 15 and evidence		
No				
Prescribed Investor Rate ('PIR') for Company / Limited Partnership (Please tick appropriate box)				
You can find out more about PIRs at www.ird.govt.nz/pir. If you are unsure of your PIR, we recommend you seek professional advice or contact Inland Revenue. If a PIR is not selected, or an IRD number is not supplied, a 28% PIR will apply.				
0% 10.5% 17.5% 28%				
How did you hear about Milford? (Please sele	ect as many that apply).			
	ne advertising Online search Radio	Social media Referral		

Company or Partnership Application Form (continued)

B - Entity Foreign Tax Residency Details

International tax compliance regulations have been introduced to protect the integrity of tax systems around the world. These require Milford, along with other financial institutions, to collect information about their clients' foreign tax residency. Further

information about the Foreign Account Tax Compliance Act ('FAT from Inland Revenue, www.ird.govt.nz/international-tax/exchange	
If you need tax advice, please contact a qualified tax profession	
1. Is the entity a foreign tax resident? Yes No If 'Yes' please list below all countries, other than New Zealand, in Number ('TIN') for each country.	which the entity is a tax resident and provide the Tax Identification
Country of Tax Residence	TIN (or reason why TIN was unable to be obtained)
2. Is the entity a Financial Institution for FATCA or CRS purpose	es?
	includes custodial institutions, depository institutions, investment to be a Financial Institution if 50% or more of the trust's income
No - please continue to Question 4 below	
Yes - if applicable, please provide your Global Intermediary I	dentification Number (GIIN)
GIIN:	
- then continue to Question 3 below	
3. Are you a managed investment entity that is resident in a juri	sdiction that is not participating in the OECD's CRS regime?
This would capture any entity, the gross income of which is primar and that is (i) managed by a Financial Institution; and (ii) not tax rerelation to the automatic exchange of financial account information	
No - please continue to Section C	
Yes - please continue to Section C and ensure you also comp	lete Appendix 1 for each Associated Person^ as applicable
4. Is the entity an Active or Passive Non-Financial Entity (NFE)	?
Generally, an entity will be an Active NFE if less than 50% of its incould produce) passive income. An entity will be a Passive NFE if it that primarily (50% or more) produce (or could produce) passive income in the form of: interest or equivalents, dividends, annuities,	t primarily (50% or more) derives passive income and/or has assets ncome. Passive income generally includes non-trading investment
Active NFE - please continue to Section C	
Passive NFE - please continue to Section C and ensure you a	ulso complete Appendix 1 for each Associated Person ^a as applicable

[^]In this context an Associated Person refers to any individual who owns, directly or indirectly, more than 25% of a company's share capital.

	EIDCT NAME	MIDDLE NAME/C	CUBNIANT	
TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME	
 PREFERREI		DATE OF BIRTH	[CONTACT NU	 JMBER
		/ /		
ROLE/RELA	ATIONSHIP TO ENTITY OCCU	JL	L ADDRESS	
,,				
PHYSICAL A	ADDRESS (cannot be a PO Box)	L SL	JBURB	
CITY		COUNTRY		POSTCODE
POSTAL AD	DRESS (if different from physical ad	dress) SL	JBURB	
CITY		COUNTRY		POSTCODE
Tax Informa	ntion			
Are you a ta	S citizen or US tax resident? ax resident in any other country (other ered 'Yes' to either of the above quest ach country. If you are a US citizen o	tions please list all countries belo	·	
Country of	Tax Residence	TIN (or reason	why TIN was unable to	be obtained)
	formation on your personal tax residency ecd.org/tax/automatic-exchange/crs-impl		ency or speak to a tax advi	ser.
You can find	Investor Rate ('PIR') (Only required dout more about PIRs at www.ird.go nland Revenue. If a PIR is not selected	vt.nz/pir. If you are unsure of you	,	•
0% (Not	ified Foreign Investor)* 0% (Tra	ansitional resident)* 10.5%	17.5% 28%	
*Milford Glob	al Equity Fund only. Please see additional	documentation requirements in the Ir	vestor Guide to qualify for	these PIR rates.
Investor Ide We have tw	entification o options for clients to confirm their	identity. Please select one of the	options below.	
Option 1 - E	Electronic Identity Verification and P	roof of Address		
	confirm the identity and/or New Zea that we use an external third party s	-	•	· ·
	n that I give Milford authority to chec ncluded a copy of my current signed			
Option 2 - 0	Certified Copies of Identity Docume	nts		
	ovide certified identification docume her detail on document requiremen		m and correct certifica	tion wording, see page 11.

	Director / Partner 2			
TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME	
PREFERRED	NAME	DATE OF BIRTH	CONTACT NUI	MBER
		/ /		
ROLE/RELA	TIONSHIP TO ENTITY OCCU	PATION EMA	IL ADDRESS	
PHYSICAL A	ADDRESS (cannot be a PO Box)	S	UBURB	
CITY		COUNTRY		POSTCODE
POSTAL AD	DRESS (if different from physical add	dress) S	UBURB	
CITY		COUNTRY		POSTCODE
Tax Informa	tion			
Are you a ta	S citizen or US tax resident? x resident in any other country (other ered 'Yes' to either of the above questoch country. If you are a US citizen or	tions please list all countries bel	•	
Country of	Tax Residence	TIN (or reaso	n why TIN was unable to	be obtained)
	formation on your personal tax residency secd.org/tax/automatic-exchange/crs-imple		lency or speak to a tax advis	er.
You can find	nvestor Rate ('PIR') (Only required for out more about PIRs at www.ird.govaland Revenue. If a PIR is not selecte	rt.nz/pir. If you are unsure of yo	,	
0% (Noti	fied Foreign Investor)* 0% (Tra	nsitional resident)* 10.5%	17.5% 28%	
*Milford Globa	al Equity Fund only. Please see additional o	documentation requirements in the I	nvestor Guide to qualify for t	hese PIR rates.
Investor Ide We have two	ntification o options for clients to confirm their i	dentity. Please select one of the	e options below.	
		•		
Milford can	confirm the identity and/or New Zeal that we use an external third party sy	and address of many of our clie	•	•
	n that I give Milford authority to chec cluded a copy of my current signed			
Option 2 - C	Sertified Copies of Identity Documer	nts		
	vide certified identification documen		em and correct certificati	on wording, see page 11.

C - Director / Partner 3 Details				
TITLE FIRST NAME	MIDDLE NA	ME(S)	SURNAME	
PREFERRED NAME	DATE OF	BIRTH	CONTACT NUM	BER
		/ /		
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EMAIL ADD	RESS	
PHYSICAL ADDRESS (cannot be a	a PO Box)	L SUBURB		
CITY	COUNTRY			POSTCODE
POSTAL ADDRESS (if different fro	m physical address)	SUBURB		
CITY	COUNTRY			POSTCODE
Tax Information				
Are you a US citizen or US tax resi Are you a tax resident in any other If you answered 'Yes' to either of t ('TIN') for each country. If you are	r country (other than the US or he above questions please list a	ıll countries below and	•	
Country of Tax Residence		TIN (or reason why 1	TIN was unable to b	e obtained)
For further information on your person http://www.oecd.org/tax/automatic-ex-		sistance/tax-residency or	speak to a tax adviser	
Prescribed Investor Rate ('PIR') (Only required for Partners of a F	Partnership)		
You can find out more about PIRs or contact Inland Revenue. If a PIR		•	•	·
0% (Notified Foreign Investor)*	* 0% (Transitional residen	t)* 10.5% 17	7.5% 28%	
*Milford Global Equity Fund only. Please	e see additional documentation requ	uirements in the Investor	Guide to qualify for th	ese PIR rates.
Investor Identification We have two options for clients to	o confirm their identity. Please s	elect one of the option	ns below.	
Option 1 - Electronic Identity Veri	•			
Milford can confirm the identity and Please note that we use an external	nd/or New Zealand address of n	•	•	•
	thority to check my identity and current signed NZ Passport (pr			
Option 2 - Certified Copies of Ide	ntity Documents			
I will provide certified identific For further detail on documer	ation documents. nt requirements, including who	can certify them and	correct certificatio	n wording, see page 11.

TITLE FIRST NAME	MIDDLE NAME(S)	SURNAME
INALINAME	PIDDLE NAME(5)	SORVAPIL
 PREFERRED NAME	LDATE OF BIRTH	CONTACT NUMBER
···-	/ /	
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION EMAIL	ADDRESS
PHYSICAL ADDRESS (cannot be a PO	Box) SUB	URB
CITY	COUNTRY	POSTCODE
POSTAL ADDRESS (if different from ph	nysical address) SUB	SURB
CITY	COUNTRY	POSTCODE
Tax Information		
-		•
Country of Tax Residence	TIN (or reason w	vhy TIN was unable to be obtained)
For further information on your personal tax http://www.oecd.org/tax/automatic-exchang	residency status please see ge/crs-implementation-and-assistance/tax-residence	cy or speak to a tax adviser.
	•	PIR, we recommend you seek professional advice
0% (Notified Foreign Investor)*	0% (Transitional resident)* 10.5%	17.5% 28%
*Milford Global Equity Fund only. Please see	additional documentation requirements in the Inve	estor Guide to qualify for these PIR rates.
Investor Identification	Country the incidental to Division and the City	mtiama halauu
·	firm their identity. Please select one of the o	ptions below.
Option 1 - Electronic Identity Verificat Milford can confirm the identity and/or	ion and Proof of Address New Zealand address of many of our clients	s electronically with their permission
	rd party system not owned by Milford to cor	•
	ty to check my identity and/or address elect nt signed NZ Passport (preferred) or NZ Di	rronically using the documentation provided. river Licence (front & back).
Option 2 - Certified Copies of Identity	Documents	
I will provide certified identification For further detail on document rec		and correct certification wording, see page 11.

Company or Partnership Application Form (continued)

D	D - Investment Details			
Please Inh You w	Source of Funds* Please tell us the original source of the funds you are investing with us. Inheritance/windfall Property sale Asset/Business sale Personal income Accumulated savings/earnings Superannuation You will need to supply proof of the source of funds (this documented evidence may need to be certified). See page 12 for further examples of suitable verification of the source of your funds. Please provide further details. For example, sale of property at 123 Sample Street for \$600,000 on 21/06/2014.			
	Primary Purpose for the Investment*			
	e tell us the primary reason you are invitirement Income Investmen			
How o	do you intend to transact on this accou			
	posits (please select at least one)			
	Regular Now and then	n Lump sum (one-off)		
W	ithdrawals (please select at least one)			
	Regular Now and then	n Lump sum (one-off)		
	•	olely in relation to Milford's Anti-Money Laur	_	
	-	sed to assess the suitability of your product	selection, or to provid	ie financiai advice.
	ment Details num initial investment for Company or	Partnership account applications is \$100,0	000 (can be split acro	ss multiple funds).
	•	Indicative Investment Amount (Minimum of \$1,000 Per Fund)	Distributio (If no option is selec	on Options cted, all distributions einvested)
	Milford Conservative Fund	\$	Reinvest	Direct Credit
spu	Milford Diversified Income Fund	\$	Reinvest	Direct Credit
sset Funds	Milford Balanced Fund	\$	N/A	N/A
i-Ass	Milford Active Growth Fund	\$	N/A	N/A
Multi-A	Milford Australian Absolute Growth Fund	\$	N/A	N/A
	Milford Aggressive Fund	\$	N/A	N/A
xed	Milford Cash Fund	\$	N/A	N/A
Cash & Fixed Income Funds	Milford Trans-Tasman Bond Fund	\$	Reinvest	Direct Credit
Cas	Milford Global Corporate Bond Fund	\$	Reinvest	Direct Credit
ınds	Milford Global Equity Fund	\$	N/A	N/A
Equity Funds	Milford Trans-Tasman Equity Fund	\$	N/A	N/A
Equ	Milford Dynamic Fund	\$	N/A	N/A
	Total	\$		

Payment details & process

Please note your account must be established with Milford before we can accept any funds for investment.

Once your account has been setup we will contact you with the appropriate bank account details and references for you to make a direct credit payment.

Company or Partnership Application Form (continued)

E - Bank Account Details

Please provide us with your bank account details, including proof of these.

ACCOUNT NAME (must be in the same name as your Milford Funds holding)

- The bank account you provide will be the account we can accept payments from (you need to initiate the payment).
- Any withdrawal requests will be paid into this bank account.
- · We recommend using your cheque account rather than a savings account.
- · We are unable to accept payments from international or third party bank accounts.

, 10000111 1 m m = (111 000 		
BANK	BRANCH	
ACCOUNT NUMBER		

BANK BRANCH ACCOUNT NUMBER SUFFIX

PROOF OF BANK ACCOUNT

Must be a NZ domiciled bank account in the name of the Company or Partnership.

Please provide a bank record or document that:

- Was issued in the last 12 months
- Includes bank account name
- Includes bank account number
- Includes bank logo

Examples of this include a bank statement, letter from the bank, or mobile banking screen shot.

F - Authority to Act (optional)

Complete this section to give authority to a specified subset of Directors/Partner to act on behalf of all others.

We the Directors/Partners:

- 1. Confirm that we are all the current and validly appointed Directors/Partners of the Company/Partnership
- 2. Confirm that we have decided to invest in one or a number of Milford Funds from time to time
- 3. Authorise that the following named Directors/Partners (acting jointly where more than one name is given)

NAME	NAME
NAME	NAME

may, until further written notice to the contrary, instruct Milford on behalf of all of the Directors/Partners to:

- a) reallocate any or all amounts invested between Funds in the name of the Company/Partnership
- b) withdraw any or all amounts from any Fund(s) provided that such amounts are payable to the Company/Partnership
- c) deposit any further amounts into any Fund(s) in the name of the Company/Partnership
- 4. Ratify the actions of the above authorised Directors/Partners so acting
- 5. Indemnify Milford in respect of any liability incurred by Milford in acting in reliance upon this Authority to Act.

Please note, you must immediately notify Milford of any changes to the Directors/Partners of the Company/Partnership. This Authority to Act will then be revoked and, if required, a new Authority to Act will need to be completed.

All Directors/Partners must sign the Agreement on page 9 before the Authority to Act will be in place.

Company or Partnership Application Form (continued)

Your Agreement

Privacy Statement

- 1. The personal information you provide in this Application Form (and identity information collected in connection with this Application Form), or in the future, will be collected and held by Milford Funds Limited ("Milford") for purposes relating to the administration, marketing, operation, security and management of the Funds, the provision of services to you, and compliance with any laws, rules and regulations whether in New Zealand or in any other country. Milford will do this in accordance with all applicable New Zealand privacy laws and our Privacy Policy which can be accessed on our website at milfordasset.com/privacy-policy. Your personal information may be disclosed to, and held and used by, the following persons:
 - The Supervisor of the Funds
 - Milford Asset Management Limited or any of its subsidiaries or related companies (together, the "Milford Group")
 - Inland Revenue
 - Financial Markets Authority
 - Any third party, whether in New Zealand or elsewhere, that provides services to the Milford Group. In particular, if you have opted for electronic identity verification, the information will be shared with external agencies who may use a credit file header database to verify your address (note, this is not a credit check)
 - Your own financial adviser (and their staff), this only applies if you have notified us of this relationship (you are responsible for advising us if and when this relationship ends)
 - Any other person or entity where it is relevant to do so for the purposes set out above.
 - We can also release personal information to third parties as instructed by you and in other ways permitted by the Privacy Act.
- 2. Your personal information may also be used by, and you consent to the use of your personal information by, Milford or any other member of the Milford Group to keep you informed about other financial opportunities, products and services of any Milford Group member, including by email, by text message, by Milford Group's online portal or by any other electronic means. Any electronic communication offering other financial opportunities, products or services will include an unsubscribe facility.
- 3. You have the right to access and request correction to the personal information you have supplied, by contacting Milford on 0800 662 345 or by emailing us at info@milfordasset.com. Any update to your personal information may be used to update other information held about you by any member of the Milford Group.

Electronic provision of information

4. We consent to receiving any communication from the Supervisor or any member of the Milford Group electronically via Milford Group's online portal, or at the email address specified in this Application Form, or any other email address advised to any Milford Group entity from time to time. These communications include those required by law and those provided in connection with your Fund, including annual reports, annual tax certificates and six-monthly transaction confirmations.

Declaration

- We have received and read a copy of the Product Disclosure Statement dated 20 June 2024 ("PDS"), and understand that additional information about the Funds is available on the Funds' online register entry.
- We agree to be bound by the terms and conditions of the PDS and the Trust Deed.
- We understand that the value of our investment is liable to fluctuations and may rise and fall from time to time.
- We accept that it is solely our decision to make this investment and that we have chosen the appropriate Fund for our risk tolerance and circumstances.
- We understand that Milford has not assessed the suitability of this investment for our personal financial situation, financial needs or goals.
- We understand the manner in which the fees will be deducted from our investment.
- We acknowledge that we will be unable to make any withdrawal from the Funds until Milford has received our signed withdrawal request and any supporting or identification information required.
- All the information we have provided in this Application Form is to the best of our knowledge and belief, correct and complete.
- We will immediately advise Milford about any changes to our personal details (including our residential or email address, telephone number, legal status or capacity).
- We undertake to notify Milford of any change in tax residency status or a change which causes the information to become incorrect or incomplete.
- We confirm that particulars of all current directors/partners have been listed in this application and we will immediately advise Milford of any changes to the directors/partners of the entity.
- We understand that if Milford receives contradictory instructions from any persons authorised to operate our account, Milford can refuse to act on any or all such instructions.
- We will immediately advise Milford of any changes, variations or amendments to the entity which affects the directors/partners powers
 of investment.
- We acknowledge and agree to the terms of the Privacy Statement and electronic provision of information above.

NAME OF DIRECTOR / PARTNER 1 SIGNATURE		DATE
		/ /
NAME OF DIRECTOR / PARTNER 2	SIGNATURE	DATE
		/ /
NAME OF DIRECTOR / PARTNER 3	SIGNATURE	DATE
		/ /
NAME OF DIRECTOR / PARTNER 4	SIGNATURE	DATE
		/ /
NAME OF DIRECTOR / PARTNER 5	SIGNATURE	DATE
		/ /

If required, you may make a copy of this page for additional signatories. Please note we cannot accept electronic signatures.

Company or Partnership Application Form (continued)

Appendix 1 (You may make copies of this page if required)

To be completed by the following individuals (unless they have completed Section C):

- Additional Directors or Partners or Officers
- Any Associated Person which refers to any individual owning more than 25% of the company shares or has more than 25% of the voting rights

 Additional persons with the power to control the Company/Partnership or alter its constitutional document Individuals with effective control of a trading company, such as a CEO or CFO 				
 Any person who has been given the authority to act 	S d CEO Of CPO			
COMPANY / PARTNERSHIP NAME				
TITLE FIRST NAME MIDDLE N	AME(S) SURNAME			
PREFERRED NAME DATE OF BIRTH CON	NTACT NUMBER IRD NUMBER			
ROLE/RELATIONSHIP TO ENTITY OCCUPATION	EMAIL ADDRESS			
DINGICAL ADDRESS (Assessed to a DO De)	CURURR			
PHYSICAL ADDRESS (cannot be a PO Box)	SUBURB			
CITY	DOCTCODE			
CITY COUNTRY	POSTCODE			
POSTAL APPRESS (S. d'Sserve) (serve) besteut et de la constant	CURURR			
POSTAL ADDRESS (if different from physical address)	SUBURB			
CITY COUNTRY	POSTCODE			
CITY COUNTRY	POSTCODE			
Are you a US citizen or US tax resident?	∐ Yes			
Are you a tax resident in any other country (other than the US or	NZ)? Yes No			
If you answered 'Yes' to either of the above questions please list ('TIN') for each country. If you are a US citizen or US tax resident	·			
Country of Tax Residence	TIN (or reason why TIN was unable to be obtained)			
For further information on your personal tax residency status please see http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency or speak to a tax adviser.				
Investor Identification				
Please select one of the options below.				
Option 1 - Electronic Identity Verification and Proof of Address Milford can confirm the identity and/or New Zealand address of	many of our clients electronically with their permission			
Please note that we use an external third party system not owne				
I confirm that I give Milford authority to check my identity ar I have included a copy of my current signed NZ Passport (p	d/or address electronically using the documentation provided. referred) or NZ Driver Licence (front & back).			
Option 2 - Certified Copies of Identity Documents				
I will provide certified identification documents. For further detail on document requirements, including who	o can certify them and correct certification wording, see page 11.			
Inland Revenue and exchanged with the tax authority of another account information. I will notify Milford if any of this information to Milford's Privacy Policy found here milfordasset.com/privacy-policy found here milfordasset.com/privacy-	o changes, including any changes in my tax residency status. I agree policy.			
SIGNATURE	DATE			

Company or Partnership Application Form (continued)

Investor Identification

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 physical copy that has been certified).
- Please do not send in original versions of your identity documents.

1. CERTIFIED COPY OF IDENTIFICATION

	otion ne of t	1 the 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 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) dated within the last 12 months
				SuperGold card with photo, name and signature
2. Mu		OOF OF ADDRESS te name and physical address, cannot be	a PO Bo	x address.
	One c	of the following documents that has been	issued in	n the last 12 months:
		Bank statement (we accept downloaded	bank st	atements)
		Current house or contents insurance poli	icy or re	newal statement
		Current vehicle registration		
		Government agency letter (IRD, Work &	Income,	Electoral Commission)
		Utility bill (power, water, internet, fixed home phone, SKY)		
		Rates bill		
	Tenancy agreement			
	П	Letter issued by local Health Board		

3. ACCEPTED TRUSTED REFEREES FOR CERTIFICATION

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
- If outside New Zealand, a person authorised by law to take a statutory declaration (or equivalent) in that country

The certifier must:

- For photographic ID, 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]."
- For certification of other documents, make the statement "I certify this to be a true copy of the original which I have sighted."
- 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.

Verification of Source of Funds

Verification is not required for Trading Companies (i.e. a business selling products or services).

Source of Funds	Suggested Verification/Evidence (not exhaustive)			
Employment	 Pay slip (or bonus) from within the last three months Bank statement details IRD documents Employment agreement 			
Disposal of Business or Assets	 Latest audited company accounts Letter from solicitor or accountant (see below example) 			
Investment income	 Investment/savings certificates, contract notes or surrender statements Bank statements clearly showing receipt of funds and investment company name Signed letter detailing funds from a regulated accountant or solicitor 			
Superannuation lump sum or annuity/retirement plan payments	Closing statementLetter confirming collection			
Inheritance	 Grant of Probate (copy of the will) which includes value of inheritance amount or estate Letter from solicitor or accountant (see below example) 			
Maturity or surrender of life policy	Closing statementLetter confirming surrender			
Business proceeds	 Latest audited company accounts Letter from solicitor or accountant (see below example) 			
Sale of property	Sale contract Letter from solicitor or accountant (see below example)			
Lottery/Betting win	Lotteries commission letter			
Insurance or compensation claim	Closing statement Letter confirming claim			
Gift	 Evidence of the donor's source of funds and a letter from the donor confirming details of the gift. Letter from solicitor (see below example) 			
Other Income	Anything not listed that otherwise proves source of funds and is independent			

Example letter template for solicitor or accountant

These should be on the organisation's letterhead, include the author's name, title and contact details and make a statement including the below points:

- We act as [solicitors/accountants] for the [company/partnership name] and are familiar with the company/partnership's history.
- We can confirm that the funds within the company/partnership, invested with Milford, is originally derived from:
 - Detail of how the funds held by the company/partnership was sourced
 - Detail the amount(s)
 - Detail the date of the source event(s), or the time frame over which the funds were accumulated
- · Include any details and/or information that may better help clarify the above statements, if required.

Company or Partnership Application Form (continued)

Application Form Checklist						
	Application form completed and signed by all relevant individuals					
	Constitution, Rules, and any amendments (for Incorporated and Unincorporated Entities)					
	Proof of bank account in the Company's/Partnership's name					
	Details and verification of source of funds (certified copy may be required)					
	Section C completed for the following persons:					
	Directors / Partners or General PartnersAll Officers (for Incorporated and Unincorporated Entities)					
	Appendix 1 completed for the following persons (unless they have completed Section C):					
	 Additional Directors or Partners or Officers Any Associated Person which refers to any individual owning more than 25% of the company shares or has more than 25% of the voting rights 					
	 Additional persons with the power to control the Company/Partnership or alter its constitutional document Individuals with effective control of a trading company, such as a CEO or CFO Any person who has been given the authority to act 					
	If the company has any nominee directors or nominee shareholders, list their names in the Notes section below, include a copy of their ID (if not already provided as part of the application) and provide evidence of the nominee relationship					
	If a Limited Partnership has any nominee general partners, list their names in the Notes section below, include a copy of their ID (if not already provided as part of the application) and provide evidence of the nominee relationship					
Notes						

RETURNING YOUR COMPLETED FORM

Please send your application and all supplementary documentation in hard copy to the address details below:

Milford Funds Limited PO Box 960 Shortland Street Auckland 1140

Milford Investment Funds Company or Partnership Application Form

For use by financial advisers only.

Important Information:

APPLICATION ON BEHALF OF AN ADVISED CLIENT

FINANCIAL ADVICE PROVIDER							
FINANCIAL ADVISER							
THAT COME ADVISER							
ADVISER CODE -							
	1						
Financial Advice Provider Fee Authorisation (if applicable)							
Only complete this section if you want fees to be deducted from your Milford account and paid to your Financial Advice Provider.*							
Agreed ongoing Portfolio Management Fee:							
% per annum of your account balance, paid monthly (up to 1.00% per annum)							
OR							
\$ per annum (paid monthly)							
I instruct you to deduct the above Portfolio Management Fee from my Investment Fund(s) account and pay it to my Financial Advice Provider.							
 I understand it is my responsibility to inform Milford should I want to stop paying the fee and remove access to my account information (for example, because I am no longer receiving advice from my Financial Advice Provider). 							
SIGNATURE OF DIRECTOR / PARTNER 1		DATE					
			/	/			
SIGNATURE OF DIRECTOR / PARTNER 2		DATE					
			/	/			
SIGNATURE OF DIRECTOR / PARTNER 3		DATE					
			/	/			
SIGNATURE OF DIRECTOR / PARTNER 4		DATE					
			/	/			
SIGNATURE OF DIRECTOR / PARTNER 5		DATE					
			/	/			
* The Financial Advice Provider must have an Investment Funds Financial	rial Adviser agreement with Milford						

The Portfolio Management Fee is tax deductible. At the end of the tax year Milford will automatically facilitate this tax

the tax year if a taxable event occurs (e.g. fund switch or redemption).

deduction (using your PIR rate) when calculating the PIE tax due on your investment. This process will occur before the end of

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