



Milford Investment Funds - Intermediary Individual / Joint Name Application Form

Please complete all fields and return this form. If you have agreed to use **Electronic Identity Verification**, then you may scan and email your application to: **transactions@milfordasset.com**

If you are sending certified copies of documents, please post to: Milford Funds Limited, PO Box 960, Shortland Street, Auckland 1140

If you are applying on behalf of a minor, please contact us for the correct form. **Investor Details 1** TITLE FIRST NAME MIDDLE NAME(S) **SURNAME** PREFERRED NAME DATE OF BIRTH OCCUPATION EMAIL ADDRESS (required for access to online client portal) MOBILE PHONE NUMBER HOME PHONE NUMBER PHYSICAL ADDRESS (cannot be a PO Box) **SUBURB** CITY COUNTRY **POSTCODE** POSTAL ADDRESS (if different from physical address) **SUBURB** CITY COUNTRY **POSTCODE**

Investor Identification

We have two options for clients to confirm their identity. 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 owned by Milford to conduct identity checks in this way.

I confirm that I give Milford authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current signed NZ Passport (preferred) or NZ Driver Licence (front & back).

Option 2 - Certified Copies of Identity Documents

You can provide certified photocopies of your documents (we need the physical copy that has been certified).

I will provide certified identification documents.

For further detail on document requirements, including who can certify them and correct certification wording, see page 8.

Individual / Joint Name Application Form (continued)

Investor Details 1 (continued)						
Tax Information Are you a tax resident of New Zealand? Yes No IRD NUMBER # If IRD number is only 8 characters long, please leave first box blan # For New Zealand residents, if no IRD number has been received within six						
Are you a US citizen or US tax resident? Are you a tax resident in any other country (other than the US or	Yes No					
If you answered 'Yes' to either of the above two questions please ('TIN') for each country. If you are a US citizen or US tax resident	ist all countries below and provide the Tax Identification Number					
Country of Tax Residence	TIN (or reason why TIN was unable to be obtained)					
Prescribed Investor Rate ('PIR') (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. O% (Notified Foreign Investor)* O% (Transitional resident)* 10.5% 17.5% 28% *Milford Global Equity Fund only. Please see additional documentation requirements in the Investor Guide to qualify for these PIR rates.						
How did you hear about Milford? (Please select as many that apply). Newspaper/magazine advertising Online advertising Or TV/video advertising Other	nline search Radio Social Media Referral					

Individual / Joint Name Application Form (continued)

Investor Details 2						
TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME			
PREFERRE	ED NAME	DATE OF BIRTH C	OCCUPATION			
		/ /				
EMAIL ADI	DRESS (required for access to o	nline client portal) MOBILE	PHONE NUMBER HOME PHONE NUMBER			
PHYSICAL	ADDRESS (cannot be a PO Box	·)	SUBURB			
CITY		COUNTRY	POSTCODE			
DOSTAL AS						
POSTAL AL	DDRESS (if different from physi	cal address)	SUBURB			
CITY		COUNTRY	POSTCODE			
		,	,			
	Identification					
We have tv	vo options for clients to confirm	their identity. Please select one of the	options below.			
	Electronic Identity Verification					
		w Zealand address of many of our clier earty system not owned by Milford to c	nts electronically, with their permission.			
	·		lectronically using the documentation provided.			
1 1		signed NZ Passport (preferred) or NZ				
Option 2 -	Certified Copies of Identity Do	cuments				
You can pro	ovide certified photocopies of y	our documents (we need the physical	copy that has been certified).			
1 1 '	provide certified identification d					
For fu	irther detail on document requi	rements, including who can certify the	em and correct certification wording, see page 8			

Individual / Joint Name Application Form (continued)

Investor Details 2 (continued)					
Tax Information Are you a tax resident of New Zealand? Yes No IRD NUMBER # If IRD number is only 8 characters long, please leave first box blar # For New Zealand residents, if no IRD number has been received within six					
Are you a US citizen or US tax resident?	Yes No				
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 two questions please ('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)				
Prescribed Investor Rate ('PIR') (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. O% (Notified Foreign Investor)* O% (Transitional resident)* 10.5% 17.5% 28% *Milford Global Equity Fund only. Please see additional documentation requirements in the Investor Guide to qualify for these PIR rates.					
How did you hear about Milford? (Please select as many that apply). Newspaper/magazine advertising Online advertising Online advertising Other	nline search Radio Social Media Referral				

Individual / Joint Name Application Form (continued)

Please tell us the primary reason you are investing these funds with us. Retirement Income Investment Other (please specify) How do you intend to transact on this account? Deposits (please select at least one) Regular Now and then Lump sum (one-off) Withdrawals (please select at least one) Regular Now and then Lump sum (one-off) * Please note this information is requested solely in relation to Milford's Anti-Money Laundering and Countering Finance Terrorism Act 2009 obligations and is not used to assess the suitability of your product selection, or to provide finance
How do you intend to transact on this account? Deposits (please select at least one) Regular Now and then Lump sum (one-off) Withdrawals (please select at least one)
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Withdrawals (please select at least one) Regular Now and then Lump sum (one-off) * Please note this information is requested solely in relation to Milford's Anti-Money Laundering and Countering Finance Terrorism Act 2009 obligations and is not used to assess the suitability of your product selection, or to provide financial
Indicative Investment Amount (Minimum of \$1,000 Per Fund) Distribution Optio (If no option is selected, all o
Milford Conservative Fund \$ Reinvest Dire
Milford Diversified Income Fund \$ Reinvest Directors N/A N
Milford Balanced Fund \$ N/A N
¥
Milford Active Growth Fund \$ N/A
Milford Active Growth Fund \$ N/A N Milford Australian Absolute Growth Fund \$ N/A N
iii Milford Australian Absolute Milford Australian Absolute
Milford Aggressive Fund \$ N/A N
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Payment details and process

Total

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.

Individual / Joint Name Application Form (continued)

New Zealand Bank Account Details

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

- 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.

ACCOUNT NAME	(Must be	in the	same name	as your	Milford	Funds	holding)
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				_	
BANK					
BRANCH	1				
ACCOUN	IT NUMBER				
BANK	BRANCH	ACCOUNT NUMBER	SUFFIX		

Proof of bank account

Must be a NZ domiciled bank account in the name of the investor.

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.

Individual / Joint Name 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. I/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

- I/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.
- I/We agree to be bound by the terms and conditions of the PDS and the Trust Deed.
- I/We understand that the value of my/our investment is liable to fluctuations and may rise and fall from time to time.
- I/We accept that it is solely my/our decision to make this investment and that I/we have chosen the appropriate Fund for my/our risk tolerance and circumstances.
- I/We understand that Milford has not assessed the suitability of this investment for my/our personal financial situation, financial needs or goals.
- I/We understand the manner in which the fees will be deducted from my/our investment.
- I/We acknowledge that I/we will be unable to make any withdrawal from the Funds until Milford has received my/our signed withdrawal request and any supporting or identification information required.
- I/We understand that if Milford receives contradictory instructions from any persons authorised to operate my/our account, Milford can refuse to act on any or all such instructions.
- All the information I/we have provided in this Application Form is to the best of my/our knowledge and belief, correct and complete.
- I/We will immediately advise Milford about any changes to my/our personal details (including my/our residential or email address, telephone number, legal status or capacity).
- I/We undertake to notify Milford of any change in tax residency status or a change which causes the information to become incorrect or incomplete.
- I/We acknowledge and agree to the terms of the Privacy Statement and electronic provision of information above.
- Each party agrees that this Agreement may be in electronic form and signed by electronic means (including using DocuSign or Adobe Acrobat Sign or similar document execution software).

NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
		/ /
NAME OF APPLICANT (if relevant)	SIGNATURE OF APPLICANT (if relevant)	DATE
		/ /

Individual / Joint Name 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

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0	ne of	the following:	0,000		
		Current signed Passport (preferred)		New Zealand Driver Licence (front and back)	
New Zealand Firearms Licence		In com	bination 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. PROOF OF ADDRESS Must state name and physical address, cannot be a PO Box address.					
	One	of the following documents that has been	ı issued i	in the last 12 months:	
		Bank statement (we accept downloaded	d bank si	tatements)	
		Current house or contents insurance po	licy or re	enewal statement	
		Current vehicle registration			
		Government agency letter (IRD, Work &	Income	, Electoral Commission)	
		Utility bill (power, water, internet, fixed h	nome ph	one, SKY)	
		Rates bill			
		Tenancy agreement			
		Letter issued by local Health Board			

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
- 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.

Individual / Joint Name Application Form (continued)

RETURNING YOUR COMPLETED FORM

Please send your completed and signed application form with all supplementary documentation to:

- 1. If <u>all</u> applicants have agreed to use **Electronic Identity Verification**, then you may scan and email your application to **transactions@milfordasset.com** or to your client manager directly.
- 2. If you are sending **certified copies of documents**, please post to:

Milford Funds Limited PO Box 960 Shortland Street Auckland 1140

For use by financial advisers only.

APPLICATION ON BEH	ALF OF AN ADVISED CLIENT
FINANCIAL ADVICE PROVI	DER
FINANCIAL ADVISER	
ADVISER CODE	-

Financial Advice Provider Fee Authorisation (if applicable)

Only complete this section if you want the fee payable for the financial advice you receive at this time to be deducted from your Milford account and paid to your Financial Advice Provider.*

Agreed fee for advice provided:

\$ paid as a one-off fee from your Milford account

Note: this will be referenced as a Portfolio Management Fee in your Milford client portal and on your Milford account statement

· I instruct you to deduct the fee from my Investment Fund(s) account and pay it to my Financial Advice Provider.

I authorise Milford to provide my Financial Adviser with view only access to my investments and personal information. I understand if I would like to remove this access, I need to notify Milford to do so.					
SIGNATURE OF APPLICANT	DATE				
		/	/		
SIGNATURE OF APPLICANT (if relevant)	DATE				
		/	/		

^{*} The Financial Advice Provider must have an Investment Funds Financial Adviser agreement with Milford.