

Milford Investment Funds Lump Sum Withdrawal Form

Complete this form to make a partial or full withdrawal from your Milford Investment Funds account.

Once complete please return this form to:

Email: transactions@milfordasset.com

Post: Milford Funds Limited, PO Box 960, Shortland Street, Auckland 1140

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
- 3. In certain circumstances, such as a large withdrawal, we may need to contact you to verbally verify your request before it can be processed.

Account Details	
MILFORD ACCOUNT NAME (e.g. A B Smith)	ACCOUNT NUMBER M L
Investor Identification	

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

If Milford does not have this documentation on file for your account, we will contact you to provide these. A list of acceptable identification documents can be found at milfordasset.com/investing/id-requirements.

Privacy Statement

By completing this form, you acknowledge and accept that Milford Asset Management Limited and any of its related or controlled entities may (i) collect, hold, use, and disclose the personal information you provide (now and in the future) for the purposes outlined in our Privacy Policy available at milfordasset.com/privacy-policy, and (ii) contact you (via any method) about this form or to offer our financial opportunities, products or services (with the option to unsubscribe from marketing communications at any time).

For any queries related to this Privacy Statement or to access or update your information, please email: info@milfordasset.com or call 0800 662 345.

Milford Investment Funds

Lump Sum Withdrawal Form (continued)

Withdrawal Details	5					
REASON FOR WITHDRAWAL? (e.g. ger	eral living expenses, asset	purchase, holiday, alter	rnate inves	tment)		
Detail the withdrawal amount to be take Please note you need to maintain a min payable will be included on top of the s	mum balance of \$1,000 p	er Fund, for it to remain	open. For	partial withou		_
Conservative Fund	\$		Or 🗌	Full withdra	wal and cl	ose Fund
Diversified Income Fund	\$		Or 🗌	Or Full withdrawal and close Fund		
Balanced Fund	\$		Or 🗌	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 🗌	Or Full withdrawal and close Fund		
Cash Fund	\$		Or Full withdrawal and close Fund			
Trans-Tasman Bond Fund Global	\$		Or 🗌	Full withdra	wal and cl	ose Fund
Corporate Bond Fund Global	\$		Or 🗌	Full withdra	wal and cl	ose Fund
Equity Fund	\$		Or 🗌	Full withdra	wal and cl	ose Fund
Trans-Tasman Equity Fund	\$ Or Full withdrawal and cl			wal and cl	ose Fund	
Dynamic Fund	\$		Or 🗌	Full withdra	wal and cl	ose Fund
TOTAL WITHDRAWAL AMOUNT	\$					
Bank Account Det	ails					
Please pay the withdrawal into m	y/our nominated bank acc	count held on file.				
If you have not previously provided you changed, please complete the section b Please note withdrawals will only be pai Investment Funds holding. We are unab	elow and provide proof o d into a New Zealand don	f your bank account (reniciled bank account wh	efer below) nich is in th	along with the same name	his form.	
ACCOUNT NAME	ACCOUNT	NUMBER				
PROOF OF BANK ACCOUNT	BANK	BRANCH AC	COUNT N	UMBER	SUI	FFIX
Please provide a bank record or deci	mont that:					

Includes bank account name

Includes bank logo

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

• Was issued in the last 12 months

Includes bank account number

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Lump Sum Withdrawal Form (continued)

Authorisation for Individual or Joint accounts

Please note, all signatories recorded on the account need to sign the withdrawal request. I/We acknowledge and agree to the terms of the Privacy Statement on page 1.

1. FULL NAME OF INVESTOR	2. FULL NAME OF INVESTOR (if applicable)
SIGNATURE OF INVESTOR	SIGNATURE OF INVESTOR
DATE	DATE
/ /	/ /

Authorisation for Company, Trust or Entity accounts

I/We, trustee(s)/executor(s)/director(s)/partner(s) of (name of trust/estate/company/partnership) ("the entity") confirm:

- · Since the date of my/our application,
 - there have been no changes to the trustee(s)/executor(s)/director(s)/partner(s) of the entity, nor to the governing documents of the entity (e.g. trust deed or partnership agreement), that have not already been notified to Milford; OR
 - to the extent there have been any change(s) which have not yet been notified to Milford, details of such change(s) and copies of the documents effecting the change(s) (for example, deeds of appointment and removal of trustee(s)) and/or copies of any amendments to the governing documents, are attached to this withdrawal form.
- I/We will immediately advise Milford of any subsequent changes to (i) the trustee(s)/executor(s)/ director(s)/partner(s) of the entity or (ii) the governing documents of the entity, and will provide to Milford details of such change(s) and copies of the documents effecting the change(s) (for example, deeds of appointment and removal of trustee(s)) and/or copies of any amendments to the governing documents.
- 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. Please note, all signatories recorded on the account must sign the withdrawal request.
- I/We acknowledge and agree to the terms of the Privacy Statement on page 1.

Please use the additional signature and name spaces as required, a second signature page can be used if needed.

1. FULL NAME OF INVESTOR	2. FULL NAME OF INVESTOR
SIGNATURE OF INVESTOR	SIGNATURE OF INVESTOR
DATE	DATE
/ /	
3. FULL NAME OF INVESTOR	4. FULL NAME OF INVESTOR
SIGNATURE OF INVESTOR	SIGNATURE OF INVESTOR
DATE	DATE
/ /	

Once complete please return this form to: