

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	etails	
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	COUNTRY	POSTCODE
COMPANY / PARTNERSHIP IRD NUMBER*		
*For New Zealand resident entities, if no IRD number	has been received within six weeks of joining the Fur	nd, we are required by law to close your account.
Please complete the following two questions is	if the entity is a Company or Limited Partnersh	ip.
Does the Company or Limited Partnership has Yes - provide the name(s) of the nomine of the nominee relationship	e person(s) in the Notes Section (page 14) an	
No		
Prescribed Investor Rate ('PIR') for Company You can find out more about PIRs at www.ird or contact Inland Revenue. If a PIR is not selected to the pix in	.govt.nz/pir. If you are unsure of your PIR, we	recommend you seek professional advice
How did you hear about Milford? (Please sele	ect as many that apply). ne advertising \textsquare Online search \textsquare Radio \textsquare	Social media Referral

Company or Partnership Application Form (continued)

B - Entity Foreign Tax Residency Details

Section C)

International tax compliance regulations have been introduced to protect the integrity of tax systems around the world. These

information about the Foreign Account To from Inland Revenue, www.ird.govt.nz/int	ax Compliance Act ('FATCA') a	and the Common Re	
If you need tax advice, please contact a		ionnation.	
1. Is the entity a foreign tax resident? If 'Yes' please list below all countries, other Number ('TIN') for each country.	Yes No er than New Zealand, in which	the entity is a tax re	esident 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 The term Financial Institution ('FI') as def entities or specified insurance companies is from financial assets and is managed by	fined by FATCA and CRS includes. A family trust is likely to be a	Financial Institution	
No - please continue to Question 4	below		
Yes - if applicable, please provide yo	our Global Intermediary Identif	ication Number (GII	N)
GIIN:			
- then continue to Question 3 be	elow		
3. Are you a managed investment entity	that is resident in a jurisdiction	on that is not partic	ipating in the OECD's CRS regime?
This would capture any entity, the gross in and that is (i) managed by a Financial Inst relation to the automatic exchange of fina	itution; and (ii) not tax residen	in a jurisdiction wit	
No - please continue to Section C			
			more than 25% of a company's share ss they have completed Section C)
4. Is the entity an Active or Passive Non	ı-Financial Entity (NFE)?		
Generally, an entity will be an Active NFE is could produce) passive income. An entity that primarily (50% or more) produce (or income in the form of: interest or equivale	will be a Passive NFE if it prima could produce) passive income	arily (50% or more) on the come ge	derives passive income and/or has assets nerally includes non-trading investment
Active NFE - please continue to Sec	ction C		
-			ndirectly, more than 25% of a company's

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAMI	Ē
PREFERRE	D NAME	DATE OF BIRTH	CONTACT N	IUMBER
		/	/	
ROLE/REL	ATIONSHIP TO ENTITY OCC	CUPATION E	MAIL ADDRESS	
PHYSICAL	ADDRESS (cannot be a PO Box)		SUBURB	
CITY		COUNTRY		POSTCODE
POSTAL AD	DDRESS (if different from physical a	ddress)	SUBURB	
CITY		COUNTRY		POSTCODE
Are you a to	JS citizen or US tax resident? ax resident in any other country (othered 'Yes' to either of the above questach country. If you are a US citizen of Tax Residence	estions please list all countries l or US tax resident your TIN will	•	Security Number.
If you are uns	sure of your personal tax residency status	s please speak to a tax adviser.		
Prescribed	Investor Rate ('PIR') (Only required	for Partners of a Partnershin)		
You can fin	d out more about PIRs at www.ird.gi Inland Revenue. If a PIR is not selec t	ovt.nz/pir. If you are unsure of		•
0% (Not	cified Foreign Investor)* 0% (T	ransitional resident)* 10.5	% 17.5% 28%	
*Milford Glob	oal Equity Fund only. Please see additiona	Il documentation requirements in th	ne Investor Guide to qualify fo	or these PIR rates.
	entification yo options for clients to confirm thei	r identity. Please select one of	the options below.	
Option 1 - E	Electronic Identity Verification and	Proof of Address		
	confirm the identity and/or New Ze that we use an external third party			
	m that I give Milford authority to che ncluded a copy of my current signe			
Option 2 -	Certified Copies of Identity Docum	ents		
	ovide certified identification docume		them and correct certific	ation wording, see page 12.

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNA	ME.
	THO I WATE	THE BLE MARIE(3)	JORNA	V. 164
PREFERRE	D NAME	L	CONTACT	Γ NUMBER
		/	/	
ROLE/REL	ATIONSHIP TO ENTITY OC	CCUPATION I	EMAIL ADDRESS	
PHYSICAL	ADDRESS (cannot be a PO Box)		SUBURB	
CITY		COUNTRY		POSTCODE
POSTAL A	DDRESS (if different from physical	address)	SUBURB	
CITY		COUNTRY		POSTCODE
Are you a t If you answ ('TIN') for e	US citizen or US tax resident? ax resident in any other country (or rered 'Yes' to either of the above queach country. If you are a US citizer of tax Residence	uestions please list all countries n or US tax resident your TIN w	•	al Security Number.
If you are un:	sure of your personal tax residency stat	us please speak to a tax adviser.		
-	Investor Rate ('PIR') (Only require)	
You can fin	d out more about PIRs at www.ird. Inland Revenue. If a PIR is not sele	govt.nz/pir. If you are unsure o	f your PIR, we recommer	•
0% (Not	cified Foreign Investor)* 0% ((Transitional resident)* 10	5% 17.5% 28%	%
*Milford Glob	oal Equity Fund only. Please see addition	nal documentation requirements in	the Investor Guide to qualif	y for these PIR rates.
	entification yo options for clients to confirm th	eir identity. Please select one c	f the options below.	
Option 1 - I	Electronic Identity Verification and	d Proof of Address		
	confirm the identity and/or New Z that we use an external third part			
	m that I give Milford authority to cl ncluded a copy of my current sign			
Option 2 -	Certified Copies of Identity Docu	ments		
	ovide certified identification docur		them and correct certi	fication wording, see page 12.

TITLE	FIRST NAME	MIDDLE NAME	(S)	SURNAME	
			•		
PREFERRE	D NAME	DATE OF BIR	TH	CONTACT NUM	MBER
		/	/		
ROLE/RELA	ATIONSHIP TO ENTITY OF	CCUPATION	EMAIL ADD	RESS	
PHYSICAL A	ADDRESS (cannot be a PO Box)		SUBURB		
CITY		COUNTRY			POSTCODE
POSTAL AD	DRESS (if different from physical	address)	SUBURB		
CITY		COUNTRY			POSTCODE
Are you a ta If you answe ('TIN') for ea	S citizen or US tax resident? ax resident in any other country (content of the above quach country. If you are a US citizent of the above quach country.	uestions please list all c n or US tax resident you	ountries below and	be your Social Sec	curity Number.
Country of	Tax Residence		in (or reason why i	IN Was unable to	be obtained)
If you are uns	ure of your personal tax residency stat	tus please speak to a tax ac	dviser.		
Prescribed	Investor Rate ('PIR') (Only require	ed for Partners of a Part	nership)		
	d out more about PIRs at www.ird. nland Revenue. If a PIR is not sele		•	•	·
0% (Noti	ified Foreign Investor)* 0%	(Transitional resident)*	10.5%	.5% 28%	
*Milford Globa	al Equity Fund only. Please see additio	nal documentation require	ments in the Investor (Guide to qualify for t	hese PIR rates.
Investor Ide					
	o options for clients to confirm th	•	ct one of the optior	is below.	
	lectronic Identity Verification an		v of our cliente clas	stronically with th	oir pormission
	confirm the identity and/or New 2 that we use an external third part				
	n that I give Milford authority to c ncluded a copy of my current sign				
Option 2 - 0	Certified Copies of Identity Docu	ments			
	ovide certified identification docur		n certify them and	correct certificati	on wording, see page 12.

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
TITLE	I INST IVALLE	MIDDLE NAME(3)	SORNAME
L PREFERRE		DATE OF BIRTH	CONTACT NUMBER
		/ /	
ROLE/REL	ATIONSHIP TO ENTITY OC	CCUPATION EM	AIL ADDRESS
PHYSICAL .	ADDRESS (cannot be a PO Box)		SUBURB
CITY		COUNTRY	POSTCODE
POSTAL AD	DDRESS (if different from physical	address)	SUBURB
CITY		COUNTRY	POSTCODE
Are you a to		uestions please list all countries bo nor US tax resident your TIN will t	Yes No Yes No elow and provide the Tax Identification Number typically be your Social Security Number. on why TIN was unable to be obtained)
If you are uns	sure of your personal tax residency stat	us please speak to a tax adviser.	
-	Investor Rate ('PIR') (Only require		
You can fin		govt.nz/pir. If you are unsure of yo	our PIR, we recommend you seek professional advic pplied, a 28% PIR will apply.
0% (Not	cified Foreign Investor)* 0% (Transitional resident)* 10.5%	6
*Milford Glob	oal Equity Fund only. Please see addition	nal documentation requirements in the	e Investor Guide to qualify for these PIR rates.
	entification yo options for clients to confirm the	eir identity. Please select one of tl	he options below.
Option 1 - E	Electronic Identity Verification and	d Proof of Address	
			ients electronically, with their permission. conduct identity checks in this way.
	m that I give Milford authority to ch ncluded a copy of my current sign		electronically using the documentation provided. Z Driver Licence (front & back).
Option 2 -	Certified Copies of Identity Docur	nents	
	ovide certified identification docun		nem and correct certification wording, see page 12.

Company or Partnership Application Form (continued)

D - Investment Details

Fund Selection

Minimum initial investment for Company or Partnership account applications is \$100,000 (can be split across multiple funds).

		Indicative Investment Amount (Minimum of \$1,000 Per Fund)	(If no option is sele	on Options cted, all distributions einvested)
	Milford Conservative Fund	\$	Reinvest	Direct Credit
nds	Milford Diversified Income Fund	\$	Reinvest	Direct Credit
Multi-Asset Funds	Milford Balanced Fund	\$	N/A	N/A
i-Ass	Milford Active Growth Fund	\$	N/A	N/A
Mult	Milford Australian Absolute Growth Fund	\$	N/A	N/A
	Milford Aggressive Fund	\$	N/A	N/A
Fixed	Milford Cash Fund	\$	N/A	N/A
ne Fi	Milford Trans-Tasman Bond Fund	\$	Reinvest	Direct Credit
Cash & Income	Milford Global Corporate Bond Fund	\$	Reinvest	Direct Credit
nds	Milford Global Equity Fund	\$	N/A	N/A
Equity Funds	Milford Trans-Tasman Equity Fund	\$	N/A	N/A
	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 set up we will contact you with the appropriate bank account details and references for you to make a direct credit payment.

Sou	Irce	of	Εu	nds

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 13 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.

D - Investment Details (continued)				
Investment Purpose Please tell us what you plan to use your Investment Funds account for (please select at least one) Save for retirement Draw an income Grow the investment				
Other, please specify:				
How do you intend to transact on this account? Deposits				
How frequently do you intend to add to your investment? (please select at least one)				
Regularly Now and then (ad hoc) One-off lump sum				
If you intend to make further investments into your account, approximately how much do you expect to add each year?				
Less than \$5,000 \$5,000 - \$25,000 More than \$25,000				
Withdrawals				
How frequently do you intend to make withdrawals? (please select at least one)				
Regularly Now and then (ad hoc) One-off lump sum				
Approximately how much do you expect to withdraw each year?				
Less than \$5,000 \$5,000 More than \$25,000				
Terrorism Act 2009 obligations and is not used to assess the suitability of your product selection, or to provide financial advice. E - 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)				
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 hank account name.				
Includes bank account name Includes bank account number				
 Includes bank account number Includes bank logo 				
Examples of this include a bank statement, letter from the bank, or mobile banking screenshot.				

Company or Partnership Application Form (continued)

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:

- I. 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 10 before the Authority to Act will be in place.

Company or Partnership Application Form (continued)

Your Agreement

Privacy Statement

By completing this form, you acknowledge and accept that Milford Asset Management Limited and any of its related or controlled entities ('Milford Group') 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.

Electronic provision of information

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 18 June 2025 ('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	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)

$Appendix \ 1 \ \hbox{(You may make copies of this page if required)}$

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

- Additional Directors or Partners or Officers
- Any individual who owns, directly or indirectly, more than 25% of a company's share capital 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

COMPANY / PARTNERSHIP NAME	=		
CONTINUE TAKETONII TAKET	-		
TITLE FIRST NAME	MIDE	LE NAME(S)	SURNAME
PREFERRED NAME	DATE OF BIRTH	CONTACT NUMBER	R IRD NUMBER
	/ /		
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EM.	AIL ADDRESS
PHYSICAL ADDRESS (cannot be a	PO Box)	9	UBURB
CITY	COUN	ITRY	POSTCODE
POSTAL ADDRESS (if different fro	m physical address)		UBURB
CITY	COUN	ITRY	POSTCODE
Are you a US citizen or US tax resi	dent?		Yes No
Are you a tax resident in any othe	r country (other than the	US or NZ)?	Yes No
			low and provide the Tax Identification Number pically be your Social Security Number.
Country of Tax Residence TIN (or reason why TIN was unable to be obtained)			n why TIN was unable to be obtained)
If you are unsure of your personal tax r	esidency status please speak	to a tax adviser.	
Investor Identification Please select one of the options b	elow.		
	nd/or New Zealand addres	ss of many of our cli	ents electronically, with their permission. conduct identity checks in this way.
			ectronically using the documentation provided. Z Driver Licence (front & back).
Option 2 - Certified Copies of Ide	ntity Documents		
I will provide certified identific For further detail on document		g who can certify th	em and correct certification wording, see page 12.
Inland Revenue and exchanged wi	th the tax authority of and lilford if any of this inform	other pursuant to int nation changes, inclu	rding the account may be reported to New Zealand ergovernment agreements to exchange financial ding any changes in my tax residency status. I agree
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

Option 1 One of the following:		Option 2		
		Current signed Passport (preferred)		New Zealand Driver Licence (front and back)
		New Zealand Firearms Licence	In com	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 of the following documents that has been issued in the last 12 months:			
		Bank statement (we accept downloaded	d bank st	atements)
		Current house or contents insurance policy or renewal 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 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)

Αķ	oplication 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 Partners All 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 individual who owns, directly or indirectly, more than 25% of a company's share capital 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
No	otes

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.

APPLICATION ON BEHALF OF AN ADVISED CLIENT

FINANCIAL ADVICE PROVIDER			
FINANCIAL ADVISER			
ADVISER CODE			
Financial Advice Provider Fee Authorisation	(if ap	plica	able)
Only complete this section if you want feet to be deducted from your Milford assessmt and maid	to vour Fi	nancial (Advice Provider*
Only complete this section if you want fees to be deducted from your Milford account and paid Agreed ongoing Portfolio Management Fee:	to your Fi	nanciai <i>i</i>	Advice Provider.
% 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 Financial Advice Provider.) account	and pay	it to my
 I understand it is my responsibility to inform Milford should I want to stop paying the fee a 	and remov	e acces	s to my account
information (for example, because I am no longer receiving advice from my Financial Adv	ice Provid	er).	
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		

Important Information:

The Portfolio Management Fee is tax deductible. At the end of the tax year Milford will automatically facilitate this tax deduction (using your PIR rate) when calculating the PIE tax due on your investment. This process will occur before the end of the tax year if a taxable event occurs (e.g. fund switch or redemption).

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