APPLICATION ON BEHALF OF AN ADVISED CLIENT
ADVISER CODE (required) -



Milford Investment Funds - Intermediary Nominated Adviser Form

Complete this form if you have an existing Milford provide you with advice, servicing and administra		te a Financial Advice Provider to	
This form authorises fees to be deducted from your account and paid to your Financial Advice Provider. The Financial Advice Provider must have an Investment Funds Financial Adviser agreement with Milford. Please send completed form to: transactions@milfordasset.com or Milford Investment Funds, PO Box 960, Shortland Street, Auckland 1140			
ACCOUNT NUMBER MILFORD	ACCOUNT NAME (e.g. A B Smith)		
ML			
EMAIL ADDRESS		CONTACT PHONE NUMBER	
Financial Advice Provid	ler Fee Authorisation		
Agreed ongoing Portfolio Management Fee: •	ance, paid monthly (up to 1.00% per annum)	
<pre>\$ per annum (paid monthly)</pre>			
 I instruct you to deduct the above Portfolio Mar Financial Advice Provider. I understand it is my responsibility to inform Mi longer receiving advice from my Financial Advi- 	ford should I want to stop paying the fee (f		
NAME OF INVESTOR 1	SIGNATURE	DATE	
		/ /	
NAME OF INVESTOR 2 (if applicable)	SIGNATURE	DATE	
		/ /	
NAME OF INVESTOR 3 (if applicable)	SIGNATURE	DATE	
		/ /	
NAME OF INVESTOR 4 (if applicable)	SIGNATURE	DATE	

Please note, all signatories recorded on the account must sign this form.

Important Information:

• The Financial Advice Provider 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).