

ADVISER CODE (if applicable)

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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 Details

COMPANY / PARTNERSHIP NAME

--

COMPANY IDENTIFIER OR REGISTRATION NUMBER (NZBN)

--

EMAIL ADDRESS (will receive account communications)

--

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*

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*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.

Does the Company or Limited Partnership have any nominee directors or nominee shareholders or nominee general partners?

☐ Yes - provide the name(s) of the nominee person(s) in the Notes Section (page 14) and include a copy of their ID and evidence of the nominee relationship

☐ 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 select as many that apply).

☐ Newspaper/magazine advertising ☐ Online advertising ☐ Online search ☐ Radio ☐ Social media ☐ Referral

☐ TV/video advertising Other _____

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 ('FATCA') and the Common Reporting Standard ('CRS') is available from Inland Revenue, www.ird.govt.nz/international-tax/exchange-of-information.

If you need tax advice, please contact a qualified tax professional.

1. Is the entity a foreign tax resident? ☐ Yes ☐ No

If 'Yes' please list below all countries, other than New Zealand, in which the entity is a tax resident and provide the Tax Identification Number ('TIN') for each country.

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 purposes?

The term Financial Institution ('FI') as defined by FATCA and CRS includes custodial institutions, depository institutions, investment entities or specified insurance companies. A family trust is likely to be a Financial Institution if 50% or more of the trust's income is from financial assets and is managed by another Financial Institution.

☐ No - please continue to Question 4 below

☐ Yes - if applicable, please provide your Global Intermediary Identification Number (GIIN)

GIIN:

- then continue to Question 3 below

3. Are you a managed investment entity that is resident in a jurisdiction that is not participating in the OECD's CRS regime?

This would capture any entity, the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, and that is (i) managed by a Financial Institution; and (ii) not tax resident in a jurisdiction with which an agreement is in place in relation to the automatic exchange of financial account information as set out in the CRS.

☐ No - please continue to Section C

☐ Yes - please continue to Section C and each individual who owns, directly or indirectly, more than 25% of a company's share capital or has more than 25% of the voting rights must complete Appendix 1 (unless they have completed Section C)

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 income is passive income and less than 50% of its assets produce (or could produce) passive income. An entity will be a Passive NFE if it primarily (50% or more) derives passive income and/or has assets that primarily (50% or more) produce (or could produce) passive income. **Passive income** generally includes non-trading investment income in the form of: interest or equivalents, dividends, annuities, other financial arrangements' income, and rents and royalties.

☐ Active NFE - please continue to Section C

☐ Passive NFE - please continue to Section C and each individual who owns, directly or indirectly, more than 25% of a company's share capital or has more than 25% of the voting rights must complete Appendix 1 (unless they have completed Section C)

Milford Investment Funds

Company or Partnership Application Form (continued)

C - Director / Partner 1 Details

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
PREFERRED NAME		DATE OF BIRTH	CONTACT NUMBER
<input style="width: 90%;" type="text"/>		<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 90%;" type="text"/>
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EMAIL ADDRESS	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
PHYSICAL ADDRESS (cannot be a PO Box)			SUBURB
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>
CITY	COUNTRY	POSTCODE	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
POSTAL ADDRESS (if different from physical address)			SUBURB
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>
CITY	COUNTRY	POSTCODE	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	

Tax Information

IRD NUMBER

<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
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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 questions please list all countries below and provide the Tax Identification Number ('TIN') for each country. If you are a US citizen or US tax resident your TIN will typically be your Social Security Number.

Country of Tax Residence	TIN (or reason why TIN was unable to be obtained)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

If you are unsure of your personal tax residency status please speak to a tax adviser.

Prescribed Investor Rate ('PIR') (Only required for Partners of a Partnership)

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% (Notified Foreign Investor)* ☐ 0% (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.

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

☐ I will provide certified identification documents.
For further detail on document requirements, including who can certify them and correct certification wording, see page 12.

Milford Investment Funds

Company or Partnership Application Form (continued)

C - Director / Partner 2 Details

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
PREFERRED NAME		DATE OF BIRTH	CONTACT NUMBER
<input style="width: 90%;" type="text"/>		<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 90%;" type="text"/>
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EMAIL ADDRESS	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
PHYSICAL ADDRESS (cannot be a PO Box)			SUBURB
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>
CITY	COUNTRY	POSTCODE	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
POSTAL ADDRESS (if different from physical address)			SUBURB
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>
CITY	COUNTRY	POSTCODE	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	

Tax Information

IRD NUMBER

<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
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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 questions please list all countries below and provide the Tax Identification Number ('TIN') for each country. If you are a US citizen or US tax resident your TIN will typically be your Social Security Number.

Country of Tax Residence	TIN (or reason why TIN was unable to be obtained)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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Option 1 - Electronic Identity Verification and Proof of Address

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☐ 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

☐ I will provide certified identification documents.
For further detail on document requirements, including who can certify them and correct certification wording, see page 12.

Milford Investment Funds

Company or Partnership Application Form (continued)

C - Director / Partner 3 Details

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
PREFERRED NAME		DATE OF BIRTH	CONTACT NUMBER
<input style="width: 90%;" type="text"/>		<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 90%;" type="text"/>
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EMAIL ADDRESS	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
PHYSICAL ADDRESS (cannot be a PO Box)			SUBURB
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>
CITY	COUNTRY	POSTCODE	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
POSTAL ADDRESS (if different from physical address)			SUBURB
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>
CITY	COUNTRY	POSTCODE	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	

Tax Information

IRD NUMBER

<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
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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 questions please list all countries below and provide the Tax Identification Number ('TIN') for each country. If you are a US citizen or US tax resident your TIN will typically be your Social Security Number.

Country of Tax Residence	TIN (or reason why TIN was unable to be obtained)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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☐ 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

☐ I will provide certified identification documents.
For further detail on document requirements, including who can certify them and correct certification wording, see page 12.

Milford Investment Funds

Company or Partnership Application Form (continued)

C - Director / Partner 4 Details

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
PREFERRED NAME		DATE OF BIRTH	CONTACT NUMBER
<input style="width: 90%;" type="text"/>		<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 90%;" type="text"/>
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EMAIL ADDRESS	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
PHYSICAL ADDRESS (cannot be a PO Box)			SUBURB
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>
CITY	COUNTRY	POSTCODE	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
POSTAL ADDRESS (if different from physical address)			SUBURB
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>
CITY	COUNTRY	POSTCODE	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	

Tax Information

IRD NUMBER

<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
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Are you a US citizen or US tax resident?

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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 all countries below and provide the Tax Identification Number ('TIN') for each country. If you are a US citizen or US tax resident your TIN will typically be your Social Security Number.

Country of Tax Residence	TIN (or reason why TIN was unable to be obtained)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

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Prescribed Investor Rate ('PIR') (Only required for Partners of a Partnership)

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Investor Identification

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Option 1 - Electronic Identity Verification and Proof of Address

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☐ 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

☐ I will provide certified identification documents.
For further detail on document requirements, including who can certify them and correct certification wording, see page 12.

Milford Investment Funds

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)	Distribution Options (If no option is selected, all distributions will be reinvested)	
Multi-Asset Funds	Milford Conservative Fund	\$	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
	Milford Diversified Income Fund	\$	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
	Milford Balanced Fund	\$	N/A	N/A
	Milford Active Growth Fund	\$	N/A	N/A
	Milford Australian Absolute Growth Fund	\$	N/A	N/A
	Milford Aggressive Fund	\$	N/A	N/A
Cash & Fixed Income Funds	Milford Cash Fund	\$	N/A	N/A
	Milford Trans-Tasman Bond Fund	\$	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
	Milford Global Corporate Bond Fund	\$	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Direct Credit
Equity Funds	Milford Global Equity Fund	\$	N/A	N/A
	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.

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.

Milford Investment Funds

Company or Partnership Application Form (continued)

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 - \$25,000 ☐ More than \$25,000

Please note this information is requested solely in relation to Milford's Anti-Money Laundering and Countering Financing of 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 bank account name
- Includes bank account number
- Includes bank logo

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

Milford Investment Funds
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:

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 10 before the Authority to Act will be in place.

Milford Investment Funds

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.
- 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 DIRECTOR / PARTNER 1	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
NAME OF DIRECTOR / PARTNER 2	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
NAME OF DIRECTOR / PARTNER 3	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
NAME OF DIRECTOR / PARTNER 4	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
NAME OF DIRECTOR / PARTNER 5	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

If required, you may make a copy of this page for additional signatories.

Milford Investment Funds

Company or Partnership Application Form (continued)

Appendix 1 (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

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREFERRED NAME	DATE OF BIRTH	CONTACT NUMBER	IRD NUMBER
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

PHYSICAL ADDRESS (cannot be a PO Box)	SUBURB
<input type="text"/>	<input type="text"/>

CITY	COUNTRY	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS (if different from physical address)	SUBURB
<input type="text"/>	<input type="text"/>

CITY	COUNTRY	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 questions please list all countries below and provide the Tax Identification Number ('TIN') for each country. If you are a US citizen or US tax resident your TIN will typically be your Social Security Number.

Country of Tax Residence	TIN (or reason why TIN was unable to be obtained)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you are unsure of your personal tax residency status please 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 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

- ☐ I will provide certified identification documents.

For further detail on document requirements, including who can certify them and correct certification wording, see page 12.

Declaration

I acknowledge that the information contained in this form and information regarding the account may be reported to New Zealand Inland Revenue and exchanged with the tax authority of another pursuant to intergovernment agreements to exchange financial account information. I will notify Milford if any of this information changes, including any changes in my tax residency status. I agree to Milford's Privacy Policy found here milfordasset.com/privacy-policy.

SIGNATURE

DATE

Milford Investment Funds

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:

- ☐ Current signed Passport (preferred)
- ☐ New Zealand Firearms Licence

OR

Option 2

- ☐ New Zealand Driver Licence (front and back)

In combination with one of the following:

- ☐ 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 issued in the last 12 months:

- ☐ Bank statement (we accept downloaded bank statements)
- ☐ 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 home phone, 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.

Milford Investment Funds

Company or Partnership Application Form (continued)

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	<ul style="list-style-type: none"> • Pay slip (or bonus) from within the last three months • Bank statement details • IRD documents • Employment agreement
Disposal of Business or Assets	<ul style="list-style-type: none"> • Latest audited company accounts • Letter from solicitor or accountant (see below example)
Investment income	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Closing statement • Letter confirming collection
Inheritance	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Closing statement • Letter confirming surrender
Business proceeds	<ul style="list-style-type: none"> • Latest audited company accounts • Letter from solicitor or accountant (see below example)
Sale of property	<ul style="list-style-type: none"> • Sale contract • Letter from solicitor or accountant (see below example)
Lottery/Betting win	<ul style="list-style-type: none"> • Lotteries commission letter
Insurance or compensation claim	<ul style="list-style-type: none"> • Closing statement • Letter confirming claim
Gift	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

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 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

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.

APPLICATION ON BEHALF OF AN ADVISED CLIENT	
FINANCIAL ADVICE PROVIDER	
<div></div>	
FINANCIAL ADVISER	
<div></div>	
ADVISER CODE	<div><div></div><div></div><div></div> - <div></div><div></div><div></div></div>

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 DIRECTOR / PARTNER 1	DATE
<div></div>	<div>/ /</div>
SIGNATURE OF DIRECTOR / PARTNER 2	DATE
<div></div>	<div>/ /</div>
SIGNATURE OF DIRECTOR / PARTNER 3	DATE
<div></div>	<div>/ /</div>
SIGNATURE OF DIRECTOR / PARTNER 4	DATE
<div></div>	<div>/ /</div>
SIGNATURE OF DIRECTOR / PARTNER 5	DATE
<div></div>	<div>/ /</div>

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