

ADVISER CODE (if applicable)

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## Milford Investment Funds – Intermediary Individual / Joint Name Application Form

**Once complete please return this form to:**

**Email:** transactions@milfordasset.com **Post:** 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PREFERRED NAME	DATE OF BIRTH	OCCUPATION	
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	
EMAIL ADDRESS (required for access to online client portal)	MOBILE PHONE NUMBER	HOME PHONE NUMBER	
<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"/>	

### 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 8.**

# Milford Investment Funds

## 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 blank.

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# For New Zealand residents, if no IRD number has been received within six weeks of joining the Fund, we are required by law to close your account.

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 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)

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

#### Prescribed Investor Rate ('PIR') (Please tick appropriate box)

You can find out more about PIRs at [www.ird.govt.nz/pir](http://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.

#### 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 \_\_\_\_\_

Milford Investment Funds  
Individual / Joint Name Application Form (continued)

## Investor Details 2

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PREFERRED NAME	DATE OF BIRTH	OCCUPATION	
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	
EMAIL ADDRESS (required for access to online client portal)	MOBILE PHONE NUMBER	HOME PHONE NUMBER	
<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"/>	

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**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 8.**

Milford Investment Funds  
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 blank.

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# For New Zealand residents, if no IRD number has been received within six weeks of joining the Fund, we are required by law to close your account.

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 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.

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**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 \_\_\_\_\_

# Milford Investment Funds

## Individual / Joint Name Application Form (continued)

### Investment Details

#### Fund Selection

		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 and 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/Wealth

Please tell us the original source of the funds you are investing with us. You may need to supply proof of the source of funds such as sale & purchase agreement, payslips, legal documentation.

☐ Inheritance/windfall ☐ Property sale ☐ Asset/Business sale ☐ Personal income ☐ Accumulated savings ☐ Superannuation

Please provide further details about the source of funds. For example, sale of property at 123 Sample Street for \$600,000 on 21/06/2014.

# Milford Investment Funds

## Individual / Joint Name Application Form (continued)

### 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 my retirement ☐ Draw an income ☐ Grow my 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.

### 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)

ACCOUNT NUMBER

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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 screenshot.

# Milford Investment Funds

## Individual / Joint Name 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](http://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](mailto:info@milfordasset.com) or call 0800 662 345.

#### Electronic provision of information

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 18 June 2025 ('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

# Milford Investment Funds

## 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 copy of each document:**

- The documents can be verified by a Milford employee or certified by a Trusted Referee as described below.
- 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

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

## Individual / Joint Name Application Form (continued)

### RETURNING YOUR COMPLETED FORM

Once complete please return this form to:

**Email:** transactions@milfordasset.com

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

For use by financial advisers only.

#### APPLICATION ON BEHALF OF AN ADVISED CLIENT

FINANCIAL ADVICE PROVIDER

FINANCIAL ADVISER

ADVISER CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 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

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