



Milford Investment Funds - Intermediary Trust including Estate Application Form

Note: For Trust account applications there is a minimum initial investment of \$100,000 per account. For Estate applications the minimum initial investment is \$10,000. These amounts can be split across multiple Funds.

A - Investing E	ntity Details	
FULL TRUST NAME		
EMAIL ADDRESS (will receive ac	count communications)	CONTACT PHONE NUMBER
PHYSICAL ADDRESS (cannot be a	PO Box)	SUBURB
CITY	COUNTRY	POSTCODE
POSTAL ADDRESS (if different fr	om physical address)	SUBURB
CITY	COUNTRY	POSTCODE
Prescribed Investor Rate ('PIR') You can find out more about PIR:	(Please tick appropriate box) s at www.ird.govt.nz/pir. If you are unsure of the selected, or an IRD number is not 28%	s of joining the Fund, we are required by law to close your account of your PIR, we recommend you seek professional advice of supplied, a 28% PIR will apply.

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

How did you hear about Milford? (Please select as many that apply).

TV/video advertising Other _

Trust including Estate Application Form (continued)

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.

	enue, www.ird.govt.nz/international-tax/exchang	e-of-information.	
If you need tax	advice, please contact a qualified tax profession	nal.	
If 'Yes' please lis	a foreign tax resident? Yes No t below all countries, other than New Zealand, in for each country.	which the entity is a tax resident and provide the Tax Identification	
Country of Tax Residence		TIN (or reason why TIN was unable to be obtained)	
_	a Financial Institution for FATCA or CRS purpose		
entities or speci	· · · · · · · · · · · · · · · · · · ·	includes custodial institutions, depository institutions, investment to be a Financial Institution if 50% or more of the trust's income tution.	
No - please	e continue to Question 4 below		
Yes - if app	licable, please provide your Global Intermediary	Identification Number (GIIN)	
GIIN:			
- then o	continue to Question 3 below		
3. Are you a ma	naged investment entity that is resident in a jur	isdiction that is not participating in the OECD's CRS regime?	
assets, and that		arily attributable to investing, reinvesting, or trading in financial not tax resident in a jurisdiction with which an agreement is in information as set out in the CRS.	
No - please	e continue to Section C		
Yes - please	e continue to Section C and ensure you also com	plete Appendix 2 for each Associated Person [^] as applicable	
4. Is the entity a	an Active or Passive Non-Financial Entity (NFE)	?	
could produce) pthat primarily (50	passive income. An entity will be a Passive NFE if i 0% or more) produce (or could produce) passive i	come is passive income and less than 50% of its assets produce (or t primarily (50% or more) derives passive income and/or has assets ncome. Passive income generally includes non-trading investment other financial arrangements' income, and rents and royalties.	
Active NFE	- please continue to Section C		
Passive NFE	- please continue to Section C and ensure you a	also complete Appendix 2 for each Associated Person [^] as applicable	

[^] In this context an Associated Person refers to any beneficiary who has received a distribution and any settlor (or any other individual) who has contributed less than \$5,000 to the Trust.

C - Trust Details		

Plea	se select your type of trust and answer the questions within that box, if relevant, for your trust type.
	Discretionary Trust
	If in Section B, you answered 'Yes' to Question 3 (i.e. you are a managed investment entity resident in a jurisdiction that is not participating in the OECD's CRS regime) or you are a Passive NFE (Question 4), we need further information about your beneficiaries.
	Have any beneficiaries received a distribution from the Trust?
	Yes - each beneficiary who has received a distribution (including any income, cash, asset(s), forgiveness of debt or the Trust incurring expenditure for your benefit) must complete Appendix 2 (unless they have completed Section D or Appendix 1). Note you are considered to have received a distribution if a person or entity receiving that distribution holds it for your benefit (e.g. a nominee or nominee company) - please also detail the class of these beneficiaries (e.g. children, grandchildren) in Notes Section (page 16) No
	Non Discretionary Trust
	Non-Discretionary Trust How many beneficiaries does the Trust have?
	More than 10 - please detail the class of beneficiaries (e.g. children, grandchildren) in Notes Section (page 16)
	 10 or fewer beneficiaries with more than 25% interest in the Trust's assets must complete Appendix 1 for each beneficiary with 25% or less interest in the Trust's assets, list their name and date of birth in the Notes Section (page 16)
	If in Section B, you answered 'Yes' to Question 3 (i.e. you are a managed investment entity resident in a jurisdiction that is not participating in the OECD's CRS regime) or you are a Passive NFE (Question 4), we need further information about your beneficiaries.
	Have any beneficiaries received a distribution from the Trust?
	Yes - each beneficiary who has received a distribution must complete Appendix 2 (unless they have completed Section D or Appendix 1) No
	Estate (Testamentary Trust)
	Does the Estate have a life tenant?
	Yes - each life tenant must complete Appendix 1 (unless they have completed Section D) No
	How many beneficiaries does the Estate have?
	More than 10 - please detail the class of beneficiaries (e.g. children, grandchildren) in Notes Section (page 16)
	10 or fewer - beneficiaries with more than 25% interest in the Estate's assets must complete Appendix 1
	- for each beneficiary with 25% or less interest in the Estates's assets, list their name and date of birth in the Notes Section (page 16)
	If in Section B, you answered 'Yes' to Question 3 (i.e. you are a managed investment entity resident in a jurisdiction that is not participating in the OECD's CRS regime) or you are a Passive NFE (Question 4), we need further information about your beneficiaries.
	Have any beneficiaries received a distribution, or have the right to receive a mandatory distribution from the Estate?
	Yes - each beneficiary who has received a distribution or has the right to receive a mandatory distribution (including any income, cash, asset(s), forgiveness of debt or the Estate incurring expenditure for your benefit) must complete Appendix 2 (unless they have completed Section D or Appendix 1). You are considered to have received a distribution if a person or entity receiving that distribution holds it for your benefit (e.g. a nominee or nominee company)
	No
	Charitable Trust
	What is the purpose or aim of the charitable trust?

D - Trustee / Executor / Officer 1 Details				
TITLE FIRST NAME	MIDDLE NAME	(S)	SURNAME	
		(0)		
PREFERRED NAME	DATE OF BIR	TH	CONTACT NUM	BER
	/	/		
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EMAIL A	DDRESS (required for	access to client portal)
PHYSICAL ADDRESS (cannot be a PO Bo	x)	SUBUF	RB	
CITY	COUNTRY			POSTCODE
POSTAL ADDRESS (if different from phys	ical address)	SUBUF	RB	
CITY	COUNTRY			POSTCODE
Tax Information				
IRD NUMBER				
Are you a US citizen or US tax resident?		Yes	No	
Are you a tax resident in any other countr	y (other than the US or NZ))? Yes	No No	
If you answered 'Yes' to either of the above ('TIN') for each country. If you are a US cit			•	
Country of Tax Residence	TI	N (or reason why	y TIN was unable to b	e obtained)
For further information on your personal tax reshttp://www.oecd.org/tax/automatic-exchange/d		nce/tax-residency	or speak to a tax advise	:
Investor Identification				
We have two options for clients to confirm	n their identity. Please selec	ct one of the opt	ions below.	
Option 1 - Electronic Identity Verification	and Proof of Address			
Milford can confirm the identity and/or Ne Please note that we use an external third $% \left(1\right) =\left(1\right) \left($	· · · · · · · · · · · · · · · · · · ·	-	•	·
I confirm that I give Milford authority				
Option 2 - Certified Copies of Identity D	ocuments			
I will provide certified identification de For further detail on document requi		n certify them ar	nd correct certification	on wording, see page 14.

D - Trustee / Executor / Officer 2 Details				
TITLE FIRST NAME	MIDDLE NAI	ME(S)	SURNAME	
PREFERRED NAME	DATE OF E	BIRTH	CONTACT NUM	BER
		/ /		
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EMAIL A	DDRESS (required for	access to client portal)
PHYSICAL ADDRESS (cannot be a PO Bo	px)	SUBU	RB	
CITY	COUNTRY			POSTCODE
POSTAL ADDRESS (if different from phys	sical address)	SUBU	RB	
CITY	COUNTRY			POSTCODE
Tax Information				
IRD NUMBER				
Are you a US citizen or US tax resident?		Yes	s No	
Are you a tax resident in any other count	ry (other than the US or N	NZ)?	s No	
If you answered 'Yes' to either of the above ('TIN') for each country. If you are a US ci				
Country of Tax Residence		TIN (or reason why	y TIN was unable to b	e obtained)
For further information on your personal tax rehttp://www.oecd.org/tax/automatic-exchange/		stance/tax-residency	or speak to a tax advise	:
Investor Identification				
We have two options for clients to confirm	m their identity. Please se	lect one of the opt	ions below.	
Option 1 - Electronic Identity Verification	n and Proof of Address			
Milford can confirm the identity and/or N Please note that we use an external third $$		•	•	•
I confirm that I give Milford authority I have included a copy of my current				
Option 2 - Certified Copies of Identity D	ocuments			
I will provide certified identification d For further detail on document requi		can certify them ar	nd correct certification	on wording, see page 14.

D - Trustee / Executor / Officer 3 Details				
TITLE FIRST NAME	MIDDLE NAN	ME(S)	SURNAME	
PREFERRED NAME	DATE OF E	SIRTH	CONTACT NUM	BER
		/ /		
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EMAIL AI	DDRESS (required for	access to client portal)
PHYSICAL ADDRESS (cannot be a PO Bo	ox)	SUBU	RB	
CITY	COUNTRY			POSTCODE
POSTAL ADDRESS (if different from physical property)	sical address)	SUBUI	RB	
CITY	COUNTRY			POSTCODE
Tax Information				
IRD NUMBER]			
Are you a US citizen or US tax resident?		Yes	s No	
Are you a tax resident in any other count	ry (other than the US or N	NZ)?	s No	
If you answered 'Yes' to either of the about ('TIN') for each country. If you are a US ci				
Country of Tax Residence		TIN (or reason wh	y TIN was unable to b	e obtained)
For further information on your personal tax re http://www.oecd.org/tax/automatic-exchange/		stance/tax-residency	or speak to a tax advise	:
Investor Identification				
We have two options for clients to confir	m their identity. Please se	lect one of the opt	ions below.	
Option 1 - Electronic Identity Verification	n and Proof of Address			
Milford can confirm the identity and/or N Please note that we use an external third $% \left(1\right) =\left(1\right) \left(1$		-	•	•
I confirm that I give Milford authority I have included a copy of my current				
Option 2 - Certified Copies of Identity D	ocuments			
I will provide certified identification d For further detail on document requ		can certify them ar	nd correct certification	on wording, see page 14.

D - Trustee / Executor / Officer 4 Details				
TITLE FIRST NAME	MIDDLE NAN	ΛΕ(S)	SURNAME	
		(-)		
PREFERRED NAME	DATE OF B	IRTH	CONTACT NUM	BER
		/ /		
ROLE/RELATIONSHIP TO ENTITY	OCCUPATION	EMAIL AI	DDRESS (required for	access to client portal)
PHYSICAL ADDRESS (cannot be a PO Bo	ox)	SUBUI	RB	
CITY	COUNTRY			POSTCODE
POSTAL ADDRESS (if different from phy	sical address)	SUBU	RB	
CITY	COUNTRY			POSTCODE
Tax Information				
IRD NUMBER				
Are you a US citizen or US tax resident?		Yes	s No	
Are you a tax resident in any other count	ry (other than the US or N	IZ)? Yes	S No	
If you answered 'Yes' to either of the abo ('TIN') for each country. If you are a US c	·		•	
Country of Tax Residence		TIN (or reason wh	y TIN was unable to b	e obtained)
For further information on your personal tax re http://www.oecd.org/tax/automatic-exchange/		stance/tax-residency	or speak to a tax adviser	:
Investor Identification				
We have two options for clients to confir	m their identity. Please se	lect one of the opt	ions below.	
Option 1 - Electronic Identity Verificatio	n and Proof of Address			
Milford can confirm the identity and/or N Please note that we use an external third		•	•	•
I confirm that I give Milford authority I have included a copy of my current				
Option 2 - Certified Copies of Identity D	ocuments			
I will provide certified identification of For further detail on document requ		can certify them a	nd correct certificatio	on wording, see page 14.

Trust including Estate Application Form (continued)

E - Trusts with a Trustee Company			
What type of Trustee Company does the trust have?			
Trustee Company - name all Directors below (Note individual Trustees must sign the Agreement on pa	a minimum of two Directors of the Trustee Company, plus any applicable ge 11)		
	ancy firm) - provide the names of the nominated directors authorised to act ow (Note the minimum number of nominated Professional Trustee Company nust sign the Agreement on page 11)		
All directors listed in this section will need to comple	te Appendix 1, unless they have completed Section D.		
TRUSTEE COMPANY / PROFESSIONAL TRUSTEE COM	IPANY NAME		
For Professional Trustee Companies only: We nominate a	ny (number) of the below named Director(s) to act on behalf of the Trust.		
DIRECTOR NAME	DIRECTOR NAME		
DIRECTOR NAME	DIRECTOR NAME		
DIRECTOR NAME	DIRECTOR NAME		
F - Authority to Act (option	onal)		
Complete this section to give authority to a specified s	ubset of Trustees/Executors/Officers to act on behalf of all others.		
We the Trustees/Executors/Officers:			
1. Confirm that we are all the current and validly appo			
 Confirm that we have decided to invest in one or a Authorise that the following named Trustees/Execu 	tors/Officers (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 Trustees/Executors/Officers to:

- a) reallocate any or all amounts invested between Funds in the name of the Trust/Estate
- b) withdraw any or all amounts from any Fund(s) provided that such amounts are payable to the Trust/Estate
- c) deposit any further amounts into any Fund(s) in the name of the Trust/Estate
- 4. Ratify the actions of the above authorised Trustees/Executors/Officers 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 Trustees/Executors/Officers of the Trust/Estate. This Authority to Act will then be revoked and, if required, a new Authority to Act will need to be completed.

All Trustees/Executors/Officers (plus a minimum of two Directors of a Trustee Company or the minimum number of Directors nominated by the Professional Trustee Company) must sign the Agreement on page 11 before the Authority to Act will be in place.

Trust including Estate Application Form (continued)

G - Investment Details
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
All trusts, other than estates, need to supply proof of the source of funds (this documented evidence may need to be certified). See page 15 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.
Primary Purpose for the Investment* Please tell us the primary reason you are investing these funds with us.
Retirement Income Investment Other (please specify)
How do you intend to transact on this account?
Deposits (please select at least one)
Regular Now and then Lump sum (one-off)
Withdrawals (please select at least one)
Regular
* Please note this information is requested solely in relation to Milford's Anti-Money Laundering and Countering Financing of

Investment Details

For Trust account applications there is a minimum initial investment of \$100,000 per account. For Estate applications the minimum initial investment is \$10,000. These amounts can be split across multiple Funds.

		Indicative Investment Amount (Minimum of \$1,000 Per Fund)	(If no option is selec	on Options cted, all distributions cinvested)
	Milford Conservative Fund	\$	Reinvest	Direct Credit
nds	Milford Diversified Income Fund	\$	Reinvest	Direct Credit
Multi-Asset Funds	Milford Balanced Fund	\$	N/A	N/A
ti-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
h & Fi me Ft	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
Equ	Milford Dynamic Fund	\$	N/A	N/A
	Total	\$		

Terrorism Act 2009 obligations and is not used to assess the suitability of your product selection, or to provide financial advice.

Trust including Estate Application Form (continued)

G - Investment Details (continued)

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 setup we will contact you with the appropriate bank account details and references for you to make a direct credit payment.

H - 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)			
BANK			
BRANCH			
ACCOUN	IT NUMBER		
BANK	RPANCH ACCOUNT NUMBER	SHEELY	

PROOF OF BANK ACCOUNT

Must be a NZ domiciled bank account in the name of the Trust or Estate.

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 screen shot.

Trust including Estate Application Form (continued)

Your Agreement

Privacy Statement

- 1. The personal information you provide in this Application Form (and identity information collected in connection with this Application Form), or in the future, will be collected and held by Milford Funds Limited ("Milford") for purposes relating to the administration, marketing, operation, security and management of the Funds, the provision of services to you, and compliance with any laws, rules and regulations whether in New Zealand or in any other country. Milford will do this in accordance with all applicable New Zealand privacy laws and our Privacy Policy which can be accessed on our website at milfordasset.com/privacy-policy. Your personal information may be disclosed to, and held and used by, the following persons:
 - The Supervisor of the Funds
 - Milford Asset Management Limited or any of its subsidiaries or related companies (together, the "Milford Group")
 - Inland Revenue
 - Financial Markets Authority
 - Any third party, whether in New Zealand or elsewhere, that provides services to the Milford Group. In particular, if you have opted for
 electronic identity verification, the information will be shared with external agencies who may use a credit file header database to
 verify your address (note, this is not a credit check)
 - Your own financial adviser (and their staff), this only applies if you have notified us of this relationship (you are responsible for advising us if and when this relationship ends)
 - Any other person or entity where it is relevant to do so for the purposes set out above.

We can also release personal information to third parties as instructed by you and in other ways permitted by the Privacy Act.

- 2. Your personal information may also be used by, and you consent to the use of your personal information by, Milford or any other member of the Milford Group to keep you informed about other financial opportunities, products and services of any Milford Group member, including by email, by text message, by Milford Group's online portal or by any other electronic means. Any electronic communication offering other financial opportunities, products or services will include an unsubscribe facility.
- 3. You have the right to access and request correction to the personal information you have supplied, by contacting Milford on 0800 662 345 or by emailing us at info@milfordasset.com. Any update to your personal information may be used to update other information held about you by any member of the Milford Group.

Electronic provision of information

4. 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 20 June 2024 ("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 trustees have been listed in this application and we will immediately advise Milford of any changes to the trustees of the entity.
- We confirm that particulars of all current beneficiaries have been listed in this application and we will immediately advise Milford of any changes to the beneficiaries of the entity and once a first distribution is made to any beneficiary.
- 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 trustees 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).

Must be signed by all Trustees (including Directors of Trustee Companies as applicable - see Section E)

NAME OF TRUSTEE/EXECUTOR/OFFICER 1	SIGNATURE	DATE		
			/	/
NAME OF TRUSTEE/EXECUTOR/OFFICER 2	SIGNATURE	DATE		
			/	/
NAME OF TRUSTEE/EXECUTOR/OFFICER 3	SIGNATURE	DATE		
			/	/
NAME OF TRUSTEE/EXECUTOR/OFFICER 4	SIGNATURE	DATE		
			/	/

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

Trust including Estate Application Form (continued)

Appendix 1 (You may make copies of this page if required)

To be completed by the following individuals (unless they have completed Section D):

- Appointer or Protector
- Any Settlor (or other individual) who has contributed
- Beneficiaries with more than 25% interest (Non-discretionary Trusts and Estates only)

 All Directors of a Trustee Company or all no 		shareholding (excl	uding professional	Trustee Companies)
directors of a professional Trustee Company FULL TRUST NAME	/	 Any person who h 	as been given the	authority to act
FOLE TROST NAME				
TITLE FIRST NAME	MIDDLE NA	MF(S)	SURNAME	
PREFERRED NAME DATE OF	BIRTH CON	TACT NUMBER	IRD NUMBER	
TREFERENCE NAME	/	TACT NOTIBER		
ROLE/RELATIONSHIP TO ENTITY OC	CCUPATION	EMAIL ADDI		
ROLE/RELATIONSHIP TO ENTITY	COPATION	EMAIL ADDI	XE33	
PHYSICAL ADDRESS (cannot be a PO Box)		L SUBURB		
CITY	COUNTRY			POSTCODE
POSTAL ADDRESS (if different from physical	address)	SUBURB		
CITY	COUNTRY			POSTCODE
Are you a tax resident in any other country (o If you answered 'Yes' to either of the above qu ('TIN') for each country. If you are a US citizen	uestions please list a	II countries below and	•	
Country of Tax Residence		TIN (or reason why TI	IN was unable to b	e obtained)
For further information on your personal tax residen http://www.oecd.org/tax/automatic-exchange/crs-in		istance/tax-residency or s	peak to a tax adviser	:
Investor Identification				
Please select one of the options below.	d Book of Addison			
Option 1 - Electronic Identity Verification and Milford can confirm the identity and/or New Z Please note that we use an external third part	ealand address of m			
I confirm that I give Milford authority to ch				
Option 2 - Certified Copies of Identity Docur	nents			
I will provide certified identification docur For further detail on document requirement		can certify them and o	correct certification	on wording, see page 14.
Declaration				
I acknowledge that the information contained Inland Revenue and exchanged with the tax a account information. I will notify Milford if any to Milford's Privacy Policy found here milforda	uthority of another proof this information	oursuant to intergoverr changes, including any	nment agreements	to exchange financial
SIGNATURE			DATE	

Trust including Estate Application Form (continued)

$Appendix\ 2\ \ \hbox{(You may make copies of this page if required)}$

If in Section B, you answered 'Yes' to Question 3 (i.e. you are a managed investment entity resident in a jurisdiction that is not participating in the OECD's CRS regime) or you are a Passive NFE (question 4), then you will need to complete this page for the following Associated Persons (unless they have completed Section D or Appendix 1):

• any beneficiary who has received a distribution

• any settlor	(or any other individua	I) who has contributed	less than \$	5,000 to the Trus	st					
FULL TRUST I	NAME									
TITLE	FIRST NAME	MIDE	LE NAME	(S)		SURN	AME			
PREFERRED I	NAME	DATE OF BIRTH	CONTAC	ΓNUMBER	İF	RD NUM	IBER			
		/ /								
ROLE/RELAT	IONSHIP TO ENTITY	EMAI	_ ADDRES	S						
PHYSICAL AD	DRESS (cannot be a P	O Box)		SUBURB	i					
CITY		COUN	ITRY					POSTO	CODE	
,	citizen or US tax reside			Yes		lo				
-	•	ountry (other than the				lo				
•		above questions pleas US citizen or US tax res								er
Country of Ta	ax Residence		TIN	l (or reason why 1	TIN wa	as unab	le to b	e obtai	ned)	
		tax residency status please ange/crs-implementation-a		ce/tax-residency or	speak	to a tax	adviser	:		
Declaration										
_		contained in this form a					-			
account inform	mation. I will notify Milf	the tax authority of an ford if any of this inform a milfordasset.com/priv	nation char	ges, including an		-			_	
SIGNATURE						DATE				
							,	/	/	
					_					

Trust including Estate 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

C	ption	1	Option	2
C	ne of	the following:	Option	-
		Current signed Passport (preferred)		New Zealand Driver Licence (front and back)
		New Zealand Firearms Licence	In comb	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. M		OOF OF ADDRESS te name and physical address, cannot be	а РО Во	ox address.
	One	of the following documents that has been	issued in	n the last 12 months:
		Bank statement (we accept downloaded	d bank st	ratements)
		Current house or contents insurance pol	licy or re	newal statement
		Current vehicle registration		
		Government agency letter (IRD, Work &	Income,	Electoral Commission)
		Utility bill (power, water, internet, fixed h	nome pho	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

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 statement Letter 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 [trust name] and are familiar with the Trust's history.
- · We can confirm that the funds within the Trust, invested with Milford, is originally derived from:
 - Detail of how the funds held by the trust 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.

Trust including Estate Application Form (continued)

Ap	Application Form Checklist				
	Application form completed and signed by all relevant individuals				
	Trust Deed and any amendments				
	Certified copy of Probate/Letters of Administration (Estate only)				
	Details and verification (certified copy may be required) of source of funds (not required for Estates)				
	Proof of bank account in the Trust or Estate's name				
	Section D completed for the following persons: • All Trustees/Executors • All Officers (Charitable Trust only)				
	Appendix 1 completed by the following persons (unless they have completed Section D):				
	 Appointer or Protector Any Settlor (or other individual) who has contributed for \$5,000 or more to the trust All Directors of a Trustee Company / All nominated directors of a professional Trustee Company Beneficiaries with more than 25% interest (Non-discretionary Trusts and Estates only) Shareholders of the Trustee Company with more than 25% shareholding (excluding professional Trustee Companies) Any person who has been given the authority to act 				
	If in Section B, you answered 'Yes' to Question 3 (i.e. you are a managed investment entity resident in a jurisdiction that is not participating in the OECD's CRS regime) or the Trust is a Passive NFE (question 4), then Appendix 2 should be completed for the following Associated Persons (unless they have completed Appendix 1 or Section D): • Settlor (or any other individual) who have contributed less than \$5,000 to the Trust • Beneficiaries of the Trust/Estate who have received a distribution (including any income, cash, asset(s), forgiveness of debt or the Trust/Estate incurring expenditure for their benefit). You are considered to have received a distribution if a person or entity receiving that distribution holds it for your benefit (e.g. a nominee or nominee company)				
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 Trust including Estate Application Form

DATE

DATE

DATE

For use by financial advisers only.

FINANCIAL ADVICE PROVIDER

APPLICATION ON BEHALF OF AN ADVISED CLIENT

SIGNATURE OF TRUSTEE/EXECUTOR/OFFICER 2

SIGNATURE OF TRUSTEE/EXECUTOR/OFFICER 3

SIGNATURE OF TRUSTEE/EXECUTOR/OFFICER 4

FINANCIAL	NDVISER
ADVISER C	DE
Fina	ncial Advice Provider Fee Authorisation (if applicable)
	lete this section if you want the fee payable for the financial advice you receive at this time to be deducted Milford account and paid to your Financial Advice Provider.*
•	e 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 instr	ct you to deduct the fee from my Investment Fund(s) account and pay it to my Financial Advice Provider.
	orise Milford to provide my Financial Adviser with view only access to my investments and personal information. rstand if I would like to remove this access, I need to notify Milford to do so.
SIGNATUR	OF TRUSTEE/EXECUTOR/OFFICER 1 DATE
	/ /

 $^{^{*}}$ The Financial Advice Provider must have an Investment Funds Financial Adviser agreement with Milford.