ADVISER CODE (if applicable)

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 Entity Details

FULL TRUST NAME

EMAIL ADDRESS (will receive account communications)

CONTACT PHONE NUMBER

PHYSICAL ADDRESS (cannot be a PO Box)

SUBURB

CITY

COUNTRY

POSTCODE

POSTAL ADDRESS (if different from physical address)

SUBURB

CITY

COUNTRY

POSTCODE

Entity Tax Details

IRD NUMBER*

*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.

Prescribed Investor Rate ('PIR') (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%

*A PIR of 10.5% can only be selected for an Estate (Testamentary Trust).

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 _____

PWAT0626M

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 have each person specified in Appendix 2 complete Appendix 2 (unless they have completed Section D or Appendix 1)

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 have each person specified in Appendix 2 complete Appendix 2 (unless they have completed Section D or Appendix 1)

C - Trust Details

Please 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**

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

PREFERRED NAME | DATE OF BIRTH (/ /) | CONTACT NUMBER

ROLE/RELATIONSHIP TO ENTITY | OCCUPATION | EMAIL ADDRESS (required for access to client portal)

PHYSICAL ADDRESS (cannot be a PO Box) | SUBURB

CITY | COUNTRY | POSTCODE

POSTAL ADDRESS (if different from physical address) | SUBURB

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 country (other than the US or NZ)? ☐ Yes ☐ No

If you answered 'Yes' to either of the above questions please complete both a) and b) below:

a) 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.

b) List all of the roles/relationships you have to the Entity in the box below (e.g. roles as settlor or beneficiary as well as trustee).

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 14.

D - Trustee / Executor / Officer 2 Details

TITLE | FIRST NAME | MIDDLE NAME(S) | SURNAME

PREFERRED NAME | DATE OF BIRTH / / | CONTACT NUMBER

ROLE/RELATIONSHIP TO ENTITY | OCCUPATION | EMAIL ADDRESS (required for access to client portal)

PHYSICAL ADDRESS (cannot be a PO Box) | SUBURB

CITY | COUNTRY | POSTCODE

POSTAL ADDRESS (if different from physical address) | SUBURB

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 country (other than the US or NZ)? ☐ Yes ☐ No

If you answered 'Yes' to either of the above questions please complete both a) and b) below:

a) 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.

b) List all of the roles/relationships you have to the Entity in the box below (e.g. roles as settlor or beneficiary as well as trustee).

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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 14.

D - Trustee / Executor / Officer 3 Details

TITLE | FIRST NAME | MIDDLE NAME(S) | SURNAME

PREFERRED NAME | DATE OF BIRTH (/ /) | CONTACT NUMBER

ROLE/RELATIONSHIP TO ENTITY | OCCUPATION | EMAIL ADDRESS (required for access to client portal)

PHYSICAL ADDRESS (cannot be a PO Box) | SUBURB

CITY | COUNTRY | POSTCODE

POSTAL ADDRESS (if different from physical address) | SUBURB

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 country (other than the US or NZ)? ☐ Yes ☐ No

If you answered 'Yes' to either of the above questions please complete both a) and b) below:

a) 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.

b) List all of the roles/relationships you have to the Entity in the box below (e.g. roles as settlor or beneficiary as well as trustee).

Investor Identification

We have two options for clients to confirm their identity. Please select **one** of the options below.

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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 14.

D - Trustee / Executor / Officer 4 Details

TITLE | FIRST NAME | MIDDLE NAME(S) | SURNAME

PREFERRED NAME | DATE OF BIRTH (/ /) | CONTACT NUMBER

ROLE/RELATIONSHIP TO ENTITY | OCCUPATION | EMAIL ADDRESS (required for access to client portal)

PHYSICAL ADDRESS (cannot be a PO Box) | SUBURB

CITY | COUNTRY | POSTCODE

POSTAL ADDRESS (if different from physical address) | SUBURB

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 country (other than the US or NZ)? ☐ Yes ☐ No

If you answered 'Yes' to either of the above questions please complete both a) and b) below:

a) 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.

b) List all of the roles/relationships you have to the Entity in the box below (e.g. roles as settlor or beneficiary as well as trustee).

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 14.

E - Trusts with a Trustee Company

What type of Trustee Company does the Trust have?

☐ Trustee Company - name all Directors below (Note a minimum of two Directors of the Trustee Company, plus any applicable individual Trustees must sign the Agreement on page 11)

☐ Professional Trustee Company (e.g. law or accountancy firm) - provide the names of the nominated directors authorised to act on behalf of the Professional Trustee Company below (Note the minimum number of nominated Professional Trustee Company Directors, plus any applicable individual Trustees, must sign the Agreement on page 11)

All directors listed in this section will need to complete Appendix 1, unless they have completed Section D.

TRUSTEE COMPANY / PROFESSIONAL TRUSTEE COMPANY NAME

For Professional Trustee Companies only: We nominate any _____ (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 (optional)

Complete this section to give authority to a specified subset 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 appointed Trustees/Executors/Officers of the Trust/Estate
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 Trustees/Executors/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.

G - Investment Details

Fund Selection

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)	**Distribution Options** (If no option is selected, all distributions will be reinvested)	
Multi-Asset Funds	Milford Conservative Fund	$	☐ Reinvest	☐ Direct Credit
	Milford Diversified Income Fund	$	☐ Reinvest	☐ 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	$	☐ Reinvest	☐ Direct Credit
	Milford Global Corporate Bond Fund	$	☐ Reinvest	☐ 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

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.

G - 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.

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)**

ACCOUNT NUMBER

☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

BANK BRANCH ACCOUNT NUMBER SUFFIX

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 screenshot.

Your Agreement

Privacy Statement

By completing this form, you acknowledge and accept that: (i) Milford Asset Management Limited and any of its related or controlled entities ('Milford Group') may 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 that (ii) Milford Group and/or the Supervisor may send you communications and information (via any method, including by electronic means) about your investment and/or the Milford Group may let you know about our other investment 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. I understand these communications include those required by law and those provided in connection with our investment, including annual reports, annual tax certificates and six-monthly transaction confirmations.

Declaration

- We have received and read the Milford Investment Funds Product Disclosure Statement dated 16 June 2026 ('PDS') and agree to be bound by the Funds' terms and conditions and governing documents.
- All information in this application is, to the best of our knowledge and belief, correct and complete, and we will notify Milford promptly of any changes to our personal details, tax residency or any other change which causes the information in this application to become inaccurate or incomplete.
- We confirm that particulars of all current trustees and beneficiaries have been listed in this application, and we will immediately advise Milford of any changes to the trustees or to the beneficiaries of the Trust, including once a first distribution is made to any beneficiary, or a beneficiary intends to exercise a vested right.
- We, as trustees, have full power and authority to invest the Trust assets and we will immediately advise Milford of any changes, variations or amendments to the Trust which affects the trustees' powers of investment.
- We understand that if Milford receives contradictory instructions from any person authorised to operate our account, Milford may refuse to act on any or all such instructions.
- We understand that additional information about Milford Investment Funds is available on the Disclose Register at disclose-register.companiesoffice.govt.nz.
- We understand and accept that the value of investments move up and down and that investments, their performance and any returns from them are not guaranteed by anyone.
- We understand that Milford has not assessed the suitability or otherwise of this investment, or our selected Fund(s), for the Trust.
- We understand that fees will be deducted from our investment.
- We acknowledge and agree to the terms of the Privacy Statement and Electronic Provision of Information statement 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.

160626

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

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

- Appointer or Protector
- Any Settlor (or other individual) who has contributed $5,000 or more to the Trust
- All Directors of a Trustee Company or 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

FULL TRUST NAME

TITLE | FIRST NAME | MIDDLE NAME(S) | SURNAME

PREFERRED NAME | DATE OF BIRTH (/ /) | CONTACT NUMBER | IRD NUMBER

ROLE/RELATIONSHIP TO ENTITY | OCCUPATION | EMAIL ADDRESS

PHYSICAL ADDRESS (cannot be a PO Box) | SUBURB

CITY | COUNTRY | POSTCODE

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 complete both a) and b) below:

a) 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.

b) List all of the roles/relationships you have to the Entity in the box below (e.g. roles as settlor or beneficiary as well as trustee).

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 14.

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 (/ /)

Appendix 2 (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 persons (unless they have completed Section D or Appendix 1):

- any beneficiary who has received a distribution or exercised a vested right
- any settlor (or any other individual) who has contributed less than $5,000 to the Trust

FULL TRUST NAME

TITLE | FIRST NAME | MIDDLE NAME(S) | SURNAME

PREFERRED NAME | DATE OF BIRTH (/ /) | CONTACT NUMBER | IRD NUMBER

ROLE/RELATIONSHIP TO ENTITY | EMAIL ADDRESS

PHYSICAL ADDRESS (cannot be a PO Box) | SUBURB

CITY | COUNTRY | POSTCODE

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 complete both a) and b) below:

a) 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.

b) List all of the roles/relationships you have to the Entity in the box below (e.g. roles as settlor or beneficiary as well as trustee).

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 (/ /)

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 at New Zealand Consular Office
- 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 the photo 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, or be 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 statement • Letter 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.

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 $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 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) or exercised a vested right. 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)

Milford may need to request additional information to process your application. If further information or documents are required, we will contact you using the contact details you have provided.

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

For use by financial advisers only.

APPLICATION ON BEHALF OF AN ADVISED CLIENT

FINANCIAL ADVICE PROVIDER

FINANCIAL ADVISER

ADVISER CODE ☐☐☐ - ☐☐☐

Financial Advice Provider Fee Authorisation (if 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 TRUSTEE/EXECUTOR/OFFICER 1 DATE / /

SIGNATURE OF TRUSTEE/EXECUTOR/OFFICER 2 DATE / /

SIGNATURE OF TRUSTEE/EXECUTOR/OFFICER 3 DATE / /

SIGNATURE OF TRUSTEE/EXECUTOR/OFFICER 4 DATE / /

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