

ADVISER CODE (if applicable)

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Milford KiwiSaver Plan Application / Transfer Form

The easiest way to apply is online. Please contact your adviser for a link to the online application.

Once complete please return this form to:

Email: transactions@milfordasset.com **Post:** Milford KiwiSaver Plan, PO Box 960, Shortland Street, Auckland 1140

KiwiSaver members must be a NZ citizen or resident. For applications on behalf of a minor, contact us for the correct form.

Investor Details

FIRST NAME

MIDDLE NAME(S)

SURNAME

PREFERRED NAME

TITLE

DATE OF BIRTH

EMAIL ADDRESS (required for access to online client portal)

MOBILE PHONE NUMBER

HOME PHONE NUMBER

PHYSICAL ADDRESS (cannot be a PO Box)

SUBURB

CITY

COUNTRY

POSTCODE

POSTAL ADDRESS (if different from physical address)

SUBURB

CITY

COUNTRY

POSTCODE

IRD Number*

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*If no IRD number has been received within six weeks of joining the Milford KiwiSaver Plan, we are required to exit you from the Milford KiwiSaver Plan.

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 a 28% PIR will apply.**

☐ 10.5% ☐ 17.5% ☐ 28%

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

☐ Newspaper/magazine advertising

☐ Online advertising

☐ Online search

☐ Radio

☐ Social Media

☐ TV/video advertising

☐ Referral

Other _____

Milford KiwiSaver Plan

Application / Transfer Form (continued)

Investment Details

Fund Selection

The Milford KiwiSaver Plan offers the option of investing your contributions in any of the below Funds or splitting your contributions across multiple Funds. Please note the percentage you wish to invest into each Fund, ensuring the amount totals 100%. If you wish to invest in one Fund only, please enter 100 in that box.

Cash Fund	<input type="text"/>	%	Conservative Fund	<input type="text"/>	%	Moderate Fund	<input type="text"/>	%
Balanced Fund	<input type="text"/>	%	Active Growth Fund	<input type="text"/>	%	Aggressive Fund	<input type="text"/>	%

Note: In the event of an error in completing this part of the form, Milford has the discretion to allocate you into the Milford Balanced Fund.

Investment Purpose

Please tell us what you plan to use your KiwiSaver account for (please select at least one)

<input type="checkbox"/> Buy my first home	<input type="checkbox"/> Save for my retirement	<input type="checkbox"/> Draw an income	<input type="checkbox"/> Grow my investment
<input type="checkbox"/> Other, please specify:	<input type="text"/>		

How do you intend to transact on your KiwiSaver account?

Contributions into your KiwiSaver account

How frequently do you intend to add to your KiwiSaver account? (please select at least one)

<input type="checkbox"/> Regularly from my income	<input type="checkbox"/> Now and then (ad hoc)	<input type="checkbox"/> Other, please specify:	<input type="text"/>
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If you intend to make contributions outside of your salary/wages, approximately how much do you expect to contribute each year?

<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> \$5,000 - \$25,000	<input type="checkbox"/> More than \$25,000
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Withdrawals from your KiwiSaver account (if you are aged 65 or over only)

How frequently do you intend to make withdrawals? (please select at least one)

<input type="checkbox"/> Regular/ongoing	<input type="checkbox"/> Now and then (ad hoc)	<input type="checkbox"/> One-off lump sum
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Approximately how much do you expect to withdraw each year?

<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> \$5,000 - \$25,000	<input type="checkbox"/> More than \$25,000
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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.

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 a third party system not owned by Milford to conduct identity checks in this way.

<input type="checkbox"/>	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).
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Option 2: Certified Copies of Identity Documents

<input type="checkbox"/>	I will provide certified identification documents.
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For further detail on document requirements, including who can certify them and correct certification wording, see page 3.

Note, if you are supplying foreign identity documents, you must also supply proof of New Zealand residency to enable us to confirm your eligibility to join/have joined KiwiSaver.

Milford KiwiSaver Plan

Application / Transfer Form (continued)

Investor Identification Requirements

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 New Zealand Passport (preferred)
- ☐ New Zealand Firearms Licence
- ☐ Overseas Passport with proof of NZ residency

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 KiwiSaver Plan

Application / Transfer Form (continued)

Your Agreement

Privacy Statement

By completing this form, you acknowledge and accept that Milford Asset Management Limited and any of its related or controlled entities ('Milford Group') may (i) collect, hold, use, and disclose the personal information you provide (now and in the future) for the purposes outlined in our Privacy Policy available at milfordasset.com/privacy-policy, and (ii) contact you (via any method) about this form or to offer our financial opportunities, products or services (with the option to unsubscribe from marketing communications at any time).

For any queries related to this Privacy Statement or to access or update your information, please email: info@milfordasset.com or call 0800 662 346.

Electronic provision of information

I 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 and annual tax certificates.

Declaration

- I 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 agree to be bound by the terms and conditions of the PDS and the Trust Deed.
- I understand that the Milford KiwiSaver Plan is a vehicle for long-term investment and as the Funds invest in equities, the value of my investment is liable to fluctuations and may rise and fall from time to time.
- I accept that it is solely my decision to make this investment and that I have chosen the appropriate Fund for my risk tolerance and circumstances.
- I understand that Milford has not assessed the suitability of this investment for my personal financial situation, financial needs or goals.
- I understand the manner in which the fees will be deducted from my investment.
- I acknowledge that I will be unable to make any withdrawal from the Funds until Milford has received my signed withdrawal request and any supporting or identification information required.
- All the information I have provided in this Application Form is to the best of my knowledge and belief, correct and complete.
- I undertake to notify Milford of any change which causes the information to become incorrect or incomplete.
- I will immediately advise Milford about any changes to my personal details (including my residential or email address, telephone number, legal status or capacity).
- I acknowledge and agree to the terms of the Privacy Statement and electronic provision of information above.

For KiwiSaver transfers only:

- I apply to transfer my KiwiSaver account to the Milford KiwiSaver Plan.
- I authorise the manager or the Supervisor of the transferring scheme to provide to Milford or the Supervisor of the Milford KiwiSaver Plan any of my personal information as necessary to complete the transfer of my benefits to the Milford KiwiSaver Plan.

If you wish to transfer a non-KiwiSaver superannuation to your KiwiSaver account, please contact Milford directly.

SIGNATURE OF APPLICANT

DATE

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Please note we cannot accept electronic signatures.

Milford KiwiSaver Plan Application / Transfer Form (continued)

For use by financial advisers only.

APPLICATION ON BEHALF OF AN ADVISED CLIENT	
FINANCIAL ADVICE PROVIDER	<input type="text"/>
FINANCIAL ADVISER	<input type="text"/>
ADVISER CODE	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

Financial Advice Provider Fee Authorisation (if applicable)

Only complete this section if you want fees to be deducted from your account and paid to your Financial Advice Provider.*

	<input checked="" type="checkbox"/>	FEE AMOUNT
\$150 one-off Initial Advice Fee	<input type="text"/>	
Ongoing Advice and Administration Fee (between 0.20%-0.50% per annum)	<input type="text"/>	<input type="text"/> O. % per annum of your account balance (paid monthly)

- I instruct you to charge me the above fees and to pay them to my Financial Advice Provider.
- I understand that means the Financial Advice Provider fees will be deducted from my KiwiSaver account balance.
- I understand it is my responsibility to inform Milford should I want to stop paying the fees (for example, because I am no longer receiving advice and administration from my Financial Advice Provider).

SIGNATURE OF APPLICANT

DATE

* The Financial Advice Provider must have a KiwiSaver Financial Adviser agreement with Milford.

Fee rebate

For all Milford KiwiSaver Funds other than the Milford KiwiSaver Cash Fund you will receive a rebate from Milford of 0.20% per annum (paid monthly). For any investment in the Milford KiwiSaver Cash Fund you will receive a rebate of 0.05% per annum (paid monthly). This fee rebate will be credited to your KiwiSaver account on a monthly basis in recognition of the ongoing servicing and administration you receive from your Financial Advice Provider. The rebate is only payable if you are in the Milford KiwiSaver Plan on the last day of the month and your Ongoing Advice and Administration Fee has been paid that month.

Important Information:

- The Ongoing Advice and Administration Fee is tax deductible for the purposes of calculating the amount of PIE tax applied to your account, however the Initial Advice Fee is not.
- To determine if you can deduct the Initial Advice Fee for tax purposes we suggest you seek independent tax advice.
- The fee rebate is subject to change. If there is a change Milford will notify you of this change two months prior to the fee rebate change.