

# Milford KiwiSaver Plan - Intermediary Investing on Behalf of a Child

The attached application form should be completed if you wish to open a KiwiSaver account on behalf of a child. A child is defined as any investor under the age of 18 years old.

Please note the important information below outlining how a KiwiSaver account opened on behalf of a child is administered by Milford, including who has authority to transact and view the account.

## How to open a KiwiSaver account for your child

To open a KiwiSaver account for children under 18 years old, we'll need to verify their identity, confirm their address and in all instances, you will need to provide additional documents for yourself as the parent(s) or guardian(s) of the child.

	Child is 15 years or younger	Child is 16 or 17 years old
Opening the account Who signs the Application Form to open the account?	One parent/guardian/Oranga Tamariki guardian must sign the application form.  If both parents/guardians require access to the account, then both must sign the application form (and be linked to the account).	The child and one parent/guardian/ Oranga Tamariki guardian must sign the application form.  If both parents/guardians require access to the account, then both must sign the application form (and be linked to the account).
Access to Client Portal Who can have access to the online client portal?	Any parent/guardian linked to the account will have access to view the account.  The child can also have access if they have their own email address.	Any parent/guardian linked to the account will have access to view the account.  The child can also have access if they have their own email address.

#### **Tax Rate**

The tax rate applied to the account is determined by the ownership of the account. As the child is the account owner, their Prescribed Investor Rate (PIR) will apply.

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### What happens when the child turns 18 years old?

When the child turns 18 years old:

- They remain the legal owner of the account.
- They will now have sole and full authority over the account, including making transfers and withdrawal decisions (noting that the KiwiSaver withdrawal restrictions will still apply).
- For the parent(s)/guardian(s) any authority over the account ceases at this time. Their portal access to view that particular account is also removed.
- Milford will email the parent/guardian to request that updated contact details and current identity documentation be provided by the child to Milford.

### Other points to note

It is not possible to open a joint KiwiSaver account between a parent and a child nor can you open a KiwiSaver account in the parent's name and then later transfer it to the child's name. An individual, regardless of age, can only have one KiwiSaver account.

If you have any questions regarding the opening and ongoing operation of a KiwiSaver account for a child, please contact the Investor Services team at info@milfordasset.com or on 0800 662 346.



10.5%

17.5%



# Milford KiwiSaver Plan - Intermediary Application / Transfer Form for a Child

The applicant must be a NZ citizen or resident

The applicant mast se a N2 citizen of resident.				
Child's Details				
FIRST NAME	MIDDLE NAME(S)	SURNAME		
PREFERRED NAME		TITLE	DATE OF BIRTH	
			/ /	
EMAIL ADDRESS (will receive account com	munications) MOBILE PHO	ONE NUMBER		
PHYSICAL ADDRESS (cannot be a PO Box)		SUBURB		
CITY	COUNTRY		POSTCODE	
POSTAL ADDRESS (if different from physical	al address)	SUBURB		
CITY	COUNTRY		POSTCODE	
Option 2 - Supply certified copy of Birth C	ealand Birth Certificate ronic verification of the Birth Certificate p	provided.		
Tax Information  IRD NUMBER*  If IRD number is only 8 characters long, please  *For New Zealand residents, if no IRD number has		Fund, we are required	to exit you from the Fund.	
Prescribed Investor Rate (PIR) (Please tick	appropriate box)			
You can find out more about PIRs at www.ir advice or contact Inland Revenue. <b>If a PIR is</b>		R, we recommend	you seek professional	

KAIM0725

Parent/Guardia	n/Oranga Tamar	iki Guardia	n 1 De	tails		
IRST NAME MIDDLE NAME(S)			SURNAME			
PREFERRED NAME			TITLE	DATE OF BIRTH		
				/ /		
EMAIL ADDRESS (required for acc	cess to online client portal)	MOBILE PHONE	NUMBER			
PHYSICAL ADDRESS (cannot be a	a PO Box)		SUBU	RB		
CITY	COUNTRY			POSTCODE		
POSTAL ADDRESS (if different fro	om physical address)		SUBL			
<u> </u>						
CITY	COUNTRY			POSTCODE		
				. 66.6652		
I have included a copy of my						
I will provide certified identif	ication documents. ent requirements, including who	can certify them an	d correct ce	rtification wording, see page		
To runner detail on decail.	one requirements, metalaning while	can commy mom an	u 0011001 00	minument moraling, see page		
How did you hear about Milford?			Пвет	Cooled Medic		
Newspaper/magazine advertis TV/video advertising	ing Online advertisin	g Online search	Radio	Social Media		
Other	Littereriui					

Parent/Guar	dian/Oranga Tamariki Gu	ardian 2 Details
FIRST NAME	MIDDLE NAME(S)	SURNAME
PREFERRED NAME		TITLE DATE OF BIRTH
		/ /
EMAIL ADDRESS (required	for access to online client portal) MOB	ILE PHONE NUMBER
PHYSICAL ADDRESS (cann	not be a PO Box)	SUBURB
CITY	COUNTRY	POSTCODE
POSTAL ADDRESS (if differ	rent from physical address)	SUBURB
CITY	COUNTRY	POSTCODE
We have two options for cli	<b>of of Address</b> ients to confirm their identity. Please select <b>one</b> of	the options below
·	or a committee of the or	the options below
Option 1 - Electronic		
	ntity and/or New Zealand address of many of our external third party system not owned by Milford	· · · · · · · · · · · · · · · · · · ·
I confirm that I give M		ss electronically using the documentation provided.
Option 2 - Certified Copies	s 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 5.

ails				
nds. Please note the percent	age you wish	to invest into each Fu		
Conservative Fund	%	Moderate Fund	%	
Active Growth Fund	%	Aggressive Fund	%	
eting this part of the form, Milford	d has the discret	ion to allocate your funds	into the Milford KiwiSaver Ba	alanced Func
se the KiwiSaver account for	(please selec	t at least one)		
Save for retirement	Not sur	e yet, could be both r	easons	
ISACT ON THE KIWISAVER	ACCOUNT?			
r account				
add to the KiwiSaver accou	nt? (please se	lect at least one)		
Now and then (ad hoc)	Other, p	please specify:		
ns outside of your salary/wa	ages, approxin	nately how much do y	ou expect to contribute	each year?
\$5,000 - \$25,000	More th	an \$25,000		
	the option of investing you nds. Please note the percent in one Fund only, please en Conservative Fund  Active Growth Fund eting this part of the form, Milford see the KiwiSaver account for Save for retirement  ISACT ON THE KIWISAVER raccount add to the KiwiSaver account Now and then (ad hoc)	the option of investing your contribution onds. Please note the percentage you wish in one Fund only, please enter 100 in that Conservative Fund  Active Growth Fund  **  **  **  **  **  **  **  **  **	the option of investing your contributions in any of the below hads. Please note the percentage you wish to invest into each Further in one Fund only, please enter 100 in that box.  Conservative Fund	the option of investing your contributions in any of the below Funds or splitting your nds. Please note the percentage you wish to invest into each Fund, ensuring the amount in one Fund only, please enter 100 in that box.  Conservative Fund

## Investor Identification

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires Milford to verify the identity of new clients and associated parties. Where possible, with your consent, Milford seeks to electronically verify identity and address. Where this is not possible, we require certified copies.

Please note this information is requested solely in relation to Milford's Anti-Money Laundering and Countering Financing of Terrorism Act 2009 obligations

#### CHILD'S IDENTIFICATION AND LINK TO PARENT(S)/GUARDIAN(S)

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

	Child was born in NZ and parent/guardian consents to electronic verification	Child was born in NZ, but parent/guardian does not consent to electronic verification	Child was born overseas
Parent(s) (as recorded on birth certificate) are legal guardians	Copy of Birth Certificate	Certified copy of     Birth Certificate	Certified copy of Birth     Certificate (including     certified translation if not in     English)
Legal Guardian(s) (other than parents)	Copy of Birth Certificate  Certified copy of evidence of guardianship (e.g. Court Order)	Certified copy of Birth Certificate  Certified copy evidence of guardianship (e.g. Court Order)	<ul> <li>Certified copy of Birth         Certificate (including         certified translation if not         in English)</li> <li>Certified copy of evidence         of guardianship (e.g. Court         Order)</li> </ul>

## Investor Identification (continued)

#### IDENTIFICATION FOR PARENTS/GUARDIANS/ORANGA TAMARIKI GUARDIAN

#### **Option 1 - Electronic Verification**

- Consent to Electronic verification (on pages 2-3)
- Include a copy of current signed NZ passport (preferred) or driver licence (front & back)

#### Option 2 - Provide certified copies of documents

Identification Option A One of the following:	Identification Option B
Current signed Passport (preferred)	New Zealand Driver Licence (front and back)
New Zealand Firearms Licence	In combination 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
AND Proof of address	
One of the following documents that has been	en issued in the last 12 months:
<ul> <li>Bank statement (we accept downloaded base</li> </ul>	ank statements)
<ul> <li>Current house or contents insurance policy</li> </ul>	or renewal statement
<ul> <li>Government agency letter (IRD, Work &amp; Inc</li> </ul>	come, Electoral Commission)
<ul> <li>Utility bill (power, water, internet, fixed hon</li> </ul>	ne phone, SKY)
Rates bill	
Tenancy agreement	
<ul> <li>Letter issued by the local Health Board</li> </ul>	

#### **DOCUMENT CERTIFICATION**

- The documents can be verified by a Milford employee or certified in accordance with the instructions outlined below.
- Certified copies of identification must be presented to Milford within three months of certification.
- Please do not send in original versions of your identity documents.

#### 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 a 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.

## 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/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 and annual tax certificates.

#### Declaration

- I/We have received and read a copy of the Product Disclosure Statement dated 18 June 2025 ('PDS'), and understand that additional information about the Funds is available on the Funds' online register entry.
- I/We agree to be bound by the terms and conditions of the PDS and the Trust Deed.
- I/We understand that the Milford KiwiSaver Plan is a vehicle for long-term investment and as the Funds invest in equities, the value of my/our investment is liable to fluctuations and may rise and fall from time to time.
- I/We accept that it is solely my/our decision to make this investment and that I/we have chosen the appropriate Fund for my/our risk tolerance and circumstances.
- I/We understand that Milford has not assessed the suitability of this investment for my/our personal financial situation, financial needs or goals.
- · I/We understand the manner in which fees will be deducted from my/our investment.
- I/We acknowledge that I/we will be unable to make any withdrawal from the Funds until Milford has received my/our signed withdrawal request and any supporting or identification information required.
- All the information I/we have provided in this Application Form is to the best of my/our knowledge and belief, correct and complete. I/We undertake to notify Milford of any change which causes the information to become incorrect or incomplete.
- I/We will immediately advise Milford about any changes to my/our personal details (including my/our residential or email address, telephone number, legal status or capacity).
- $\bullet \ \ \text{I/We acknowledge and agree to the terms of the Privacy Statement and electronic provision of information above.}$
- I/We acknowledge that any Parent/Guardian authority over the account will cease when the child turns 18 years old.

#### For KiwiSaver transfers only:

- I/We apply to transfer the applicant's KiwiSaver account to the Milford KiwiSaver Plan.
- I/We 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/our personal information as necessary to complete the transfer of the applicant's 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 (required if applicant is 16 or 17)	DATE		
		/	/
FULL NAME OF PARENT/GUARDIAN/ORANGA TAMARIKI GUARDIAN*			
SIGNATURE OF PARENT/GUARDIAN/ORANGA TAMARIKI GUARDIAN*	DATE		
		/	/
FULL NAME OF SECOND PARENT/GUARDIAN (if required)*			
SIGNATURE OF SECOND PARENT/GUARDIAN*	DATE		
		/	/

<sup>\*</sup> If the application is being made for someone aged 15 years or younger, one of the applicant's parents or guardians or an Oranga Tamariki guardian (if appointed) must sign above. A second parent/guardian is not legally required, however can be added if the second parent/guardian would like ability to view the account online. If the application is being made for someone who is 16 or 17, the child is the applicant, and must sign together with one of the applicant's parents or guardians or Oranga Tamariki guardians.

Checklist
Application checklist
Application form completed and signed by all relevant individuals
Birth certificate and any other documentation to verify the identity of the child (as stated on page 4)
Electronic Identity Verification consent OR certified identification & proof of address for parents/guardians/Oranga Tamariki guardian - refer to page 5
Certified copy of evidence of guardianship (only required for Legal Guardian(s) other than Parents)
RETURNING YOUR COMPLETED FORM
Once complete please return this form, and all supplementary documentation to:
Email: transactions@milfordasset.com
Post: Milford Funds Limited, PO Box 960, Shortland Street, Auckland 1140

## Milford KiwiSaver Plan - Intermediary Application / Transfer Form for a Child

#### 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 ar	polica	able)
Only complete this section if you want fees to be deducted if The Financial Advice Provider must have a KiwiSaver Financia	•	•	inancial A	Advice Provider.
FEE AMOUNT				
Ongoing Advice and Administration Fee: 0.20% per a	nnum of your account k	palance (p	aid mon	ithly)
<ul> <li>I instruct you to charge me the above fees and to pay them</li> <li>I understand that means the Financial Advice Provider fees</li> <li>I understand it is my responsibility to inform Milford should longer receiving advice and administration from my Finance</li> </ul>	will be deducted from my I want to stop paying the f	KiwiSaver a		
SIGNATURE OF APPLICANT (required if applicant is 16 or 17)		DATE		
			/	/
SIGNATURE OF PARENT/GUARDIAN/ORANGA TAMARIKI GU	JARDIAN*	DATE		
			/	/
		DATE		
SIGNATURE OF SECOND PARENT/GUARDIAN*				
SIGNATURE OF SECOND PARENT/GUARDIAN*			/	/

guardian would like ability to view the account online. If the application is being made for someone who is 16 or 17, the child is the applicant, and must sign together with one of the applicant's parents or guardians or Oranga Tamariki guardians.

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
- 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.