



Milford Investment Funds

Individual / Joint Name Lump Sum Withdrawal Form

This form should only be completed if you choose to make a withdrawal from your Milford Investment Funds holding.

Important Notes:

1. There may be additional documentation/information that we need to process this withdrawal. Please contact us to check if this is the case.
2. If all completed paperwork and required documentation is received by 3pm, withdrawal requests will generally be processed using the closing unit prices for that day. Please note, in some circumstances we may require up to 10 days' notice of a withdrawal.

Account Details

MILFORD ACCOUNT NAME (e.g. A B Smith)

ACCOUNT NUMBER

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Withdrawal Details

REASON FOR WITHDRAWAL? (e.g. general living expenses, asset purchase, holiday, alternate investment)

Please detail the withdrawal amount to be taken from each Fund. If you wish to make a full withdrawal please tick the corresponding box. Please note you need to maintain a minimum balance of \$1,000 per Fund. Any PIE tax payable will be included on top of the specified amount.

Conservative Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Diversified Income Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Balanced Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Active Growth Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Australian Absolute Growth Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Aggressive Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Cash Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Trans-Tasman Bond Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Global Corporate Bond Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Global Equity Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Trans-Tasman Equity Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
Dynamic Fund	\$	Or <input type="checkbox"/> Full withdrawal and close Fund
TOTAL WITHDRAWAL AMOUNT	\$	

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Individual / Joint Name Lump Sum Withdrawal Form (continued)

Bank Account Details

Please pay the withdrawal into my/our nominated bank account held on file.

If you have not previously provided your bank account details, including proof of the bank account, or your bank account has changed, please complete the section below and **provide proof of your bank account** (refer below) along with this form. Please note withdrawals will only be paid into a New Zealand domiciled bank account which is in the same name as your Milford Funds holding. We are unable to make payments to third party or international bank accounts.

ACCOUNT NAME

BANK

BRANCH

ACCOUNT NUMBER

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BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

PROOF OF BANK ACCOUNT

One of the following:

- Bank statement dated within the last 12 months
- Bank deposit slip
- Online bank summary page or transaction history, dated within the last 12 months
- Deposit receipt, account summary or transaction receipt, dated within the last 12 months and must be stamped by the bank
- Bank correspondence with the account name and account number, dated within the last 12 months

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Individual / Joint Name Lump Sum Withdrawal Form (continued)

Investor Identification

Please be aware Milford requires your identity and proof of address documents to process a withdrawal.

If Milford does not have this documentation on file you will need to provide it. We have **two options** for clients to confirm their identity and/or address:

Option 1 - Electronically, using a third party identity verification system.

Option 2 - Investor providing certified copies of their identity and proof of address documents.

Please select one option for each investor.

INVESTOR ONE:

Option 1

I confirm that I give Milford authority to check my identity and/or New Zealand address electronically using the documentation provided. I have included a copy of my current signed NZ Passport or NZ Driver Licence (front & back)

Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option 2 below.

FULL NAME as it appears on the chosen document

RESIDENTIAL ADDRESS

COUNTRY

POSTCODE

or

Option 2

Please verify my identity and address with the attached documents:

- Certified copy of identification document/s
- Certified copy of physical address

For further detail on document requirements, including who can certify them and correct certification wording, see page 5.

INVESTOR TWO: (if relevant)

Option 1

I confirm that I give Milford authority to check my identity and/or New Zealand address electronically using the documentation provided. I have included a copy of my current signed NZ Passport or NZ Driver Licence (front & back)

Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option 2 below.

FULL NAME as it appears on the chosen document

RESIDENTIAL ADDRESS

COUNTRY

POSTCODE

or

Option 2

Please verify my identity and address with the attached documents:

- Certified copy of identification document/s
- Certified copy of physical address

For further detail on document requirements, including who can certify them and correct certification wording, see page 5.

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Authorisation

SIGNATURE

DATE

SIGNATURE (if joint account)

DATE

Please send this withdrawal form to: **Milford Funds Limited, PO Box 960, Shortland Street, Auckland 1140** OR email **info@milfordasset.com**

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Individual / Joint Name Lump Sum Withdrawal 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 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 copy that has been physically 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, dated within the last 12 months
- SuperGold card with photo, name and signature

2. CERTIFIED ADDRESS PROOF

Must state name and physical address, cannot be a PO Box address.

One of the following:

- Bank statement, received in the post from the bank and dated within the last 12 months
- Current house or contents insurance policy
- Current vehicle registration dated within the last 12 months
- Government agency letter (IRD, Work & Income, Electoral Commission) that you received in the post and dated within the last 12 months
- Utility bill (power, water, internet, fixed home phone, SKY) dated within the last 12 months
- Rates bill dated within the last 12 months
- Tenancy agreement dated within the last 12 months
- Letter issued by local Health Board dated within the last 12 months

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

The certifier must:

- Make the statement (or similar) **"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]."**
- 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.