

WITHDRAWAL FORM



1. ACCOUNT INFORMATION

Date:

Midlands Account Name:

Account Number (if known):

2. WITHDRAWAL INFORMATION

Please make the following withdrawal and credit the proceeds into my/our nominated bank account:.

Full Withdrawal

Partial Withdrawal \$

Please note, for your protection, we will only pay into the authorised bank account on file, in the account holders name. If you wish the funds to be paid into a different bank account, we will need a bank statement to be supplied.

3. AUTHORISATION

I/We hereby request the following withdrawal from my/our investment in accordance with the provisions of the Midlands Funds Management Product Disclosure Statement and Governing Document.
THIS FORM MUST BE SIGNED BY HAND (NOT ELECTRONICALLY SIGNED).

Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/ /"/>
Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/ /"/>
Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text" value="/ /"/>

Please note:

1. For joint accounts, if the account was set up with single authorisation, we only require one party to sign this document. If joint authorisation was instructed, we will require ALL parties to sign this form.
2. For Trusts we require all Trustees and for Companies, we require all authorised signatories to sign this request unless we hold signed, written authority from all parties for single authorisation.

4. SUBMITTING THIS FORM

This completed application form may be:

1. Scanned and emailed to investments@midlands.net.nz
2. Dropped off during normal business hours: Midlands, 1/111 Karamu Road, Hastings
3. Posted to Midlands Funds Management, PO Box Hastings 4156

- Once we receive your completed form we will check all the details and authorise the withdrawal.
- Withdrawals requested from the Midlands Smarter PIE Fund will be actioned within 5 business days of receipt of the form. Normally withdrawals take place on a Monday and Thursday.
- There is a 30 or 60 day notice period from our Wholesale Fund, as agreed.

If you have any questions, we're here to help. Please call or email us.

WITHDRAWAL FORM



CERTIFICATE OF NON-REVOCATION OF ATTORNEY

ONLY COMPLETE THIS SECTION IF THE WITHDRAWAL APPLICATION IS BEING SIGNED BY A POWER OF ATTORNEY

I,
Full name

of,
Address and country of residence Occupation

Hereby certify that:

on / /
Date of instrument creating the power of attorney Full legal name of person for whom the power of attorney is signing (the "donor")

1. Appointed me his/her/it's attorney on the terms and conditions set out in that power or attorney.
2. I have executed the adjacent Withdrawal Form as attorney under that power of attorney and pursuant to the power therein conferred upon me.
3. At the date of this document, I have not received notice of any event revoking my authority to act under the enduring power of attorney.
4. I have not received written notice from the donor suspending my authority to act under the enduring

Signatory

Name: Signature: Date: / /
Name: Signature: Date: / /

Please ensure that Midlands Funds Management has seen the original power of attorney and holds a copy

DEFINITION OF AN EVENT-REVOKING THE POWER OF ATTORNEY

An event revoking the power of attorney means any of the following events in which the enduring power of attorney ceases to have effect:

- The donor dies; or
- The donor revokes the power while mentally capable of doing so; or
- The attorney gives notice of disclaimer in accordance with section 104 of the Property of Personal and Property Rights Act 1988; or
- The attorney dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment)
- The attorney dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992, detained in a hospital under that Act, or becomes subject to a personal order under Part 1 of the Protection of Personal and Property Rights Act 1988 or a property order under Part 3 of the Protection of Personal and Property Rights Act 1988, or otherwise becomes incapable of acting; or
- In the case of an enduring power of attorney that appoints one attorney with joint but not several authority, one of the attorney's dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992, detained in a hospital under that Act, or becomes subject to a personal order under Part 1 of the Protection of Personal and Property Rights Act 1988 or a property order under Part 3 of the Protection of Personal and Property Rights Act 1988, or otherwise becomes incapable of acting; or
- A court revokes the appointment of the attorney pursuant to section 105 of the Protection of Personal and Property Rights Act 1988