



# APPLICATION FORM

Companies, Trusts, Incorporated Societies,  
Partnerships and Estates

## 1. INVESTOR INFORMATION

Company, Trust, Incorporated Society, Partnership or Estate name:

*If a Trust, please advise Trust type:*

Discretionary Trust  Charitable Trust  Non-Discretionary Trust

Company or Incorporated Society registration number:

Registered address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address

*(if different from registered address):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact phone/s:

Email:

## 2. TAX INFORMATION

IRD Number:

Is the investor a New Zealand resident for tax purposes? *If No, state the taxpayer's country of residence for tax purposes.*

Yes  No

Is the entity a foreign tax resident?  Yes  No

If 'Yes' please list 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)

Prescribed investor rate:

*If not provided, 28% will apply.*

0%  10.5%  17.5%  28%

To determine your PIR, go to [www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate](http://www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate).

### 3. INVESTMENT DETAILS

Amount you are investing (minimum \$10,000)\*:

Regular Instalment (minimum \$1,000\* monthly)

\$

**We wish to make regular savings contributions of:**

on a fortnightly / monthly (circle one) basis, we understand that an automatic payment authority will be sent on receipt of the signed application form.

\$

\* The Manager may, at its discretion, accept lesser amounts.

#### Source of funds/wealth\*

Please tell us the original source of the funds you are investing with us.

**You will need to supply certified proof of the source of funds such as sale & purchase agreement, payslips, legal documentation.**

Inheritance/windfall  Property sale  Asset/Business sale  Personal Income  Accumulated Savings

Superannuation

Please provide the further details about the source of funds. For example, sale of property at 55 Greys Road for \$800,000 on 21/06/2022.

#### Primary purpose for the investment\*

Please tell us the primary reason you are investing these funds with us.

Retirement  Income  Investment  Other (please specify) \_\_\_\_\_

How do you intend to transact on this account?

#### Deposits (please select at least one)

Regular

Now and then

Lump sum (one off)

#### Withdrawals (please select at least one)

Regular

Now and then

Lump sum (one off)

\*Please note this information is requested solely in relation to our anti-money laundering obligations and is not used to assess the suitability of your investment, or to provide financial advice.

### 4. CONFIRMING THE IDENTITY AND ADDRESS OF RELEVANT PERSONS

To comply with anti-money laundering rules we need to verify the identity of various people associated with the investor. In the case of companies, we must verify the identity of people owning more than 25% of the shares and people acting on behalf of the company (usually the directors). In the case of partnerships, we must verify the identity of the partners and anyone authorised to act on behalf of the partnership. In the case of trusts, we must identify persons acting on behalf of the trust (usually the trustees) and also any settled beneficiaries. In the case of incorporated societies we must verify the identity of directors or governing officers. **Each of these people described above is a "Relevant Person"**. If a trust has a range of beneficiaries it is necessary to describe that range (for example "relatives of the settlor").

Each Relevant Person must complete the information below and provide certified copies of documents to fulfil the requirements of either Identification Option 1 or Identification Option 2 or Identification Option 3 and in each case the Address Verification Requirement. **Please refer to page 22 for these requirements. Please note, certification of documents must be by a "trusted referee"**. See the description of who is a trusted referee also attached.

#### Signatory requirements

Any relevant person to sign

Other (please specify)\*:

All relevant persons' required to sign\*

*\*If this option is selected Midlands will not action any requests without all required signatures.*

If necessary, please attach additional copies of this page to describe all Relevant Persons

RELEVANT PERSON 1	RELEVANT PERSON 2
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> _____ (other)	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> _____ (other)
First name(s):	First name(s):
Surname:	Surname:
Occupation:	Occupation:
Date of birth:     /     /	Date of birth:     /     /
Home address:	Home address:
Postcode:	Postcode:
Postal address (if different from your home address):	Postal address (if different from your home address):
Postcode:	Postcode:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Email:	Email:
Country of birth:	Country of birth:
Citizenship:	Citizenship:
IRD Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IRD Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship to Investor:	Relationship to Investor:

RELEVANT PERSON 3	RELEVANT PERSON 4
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> _____ (other)	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> _____ (other)
First name(s):	First name(s):
Surname:	Surname:
Occupation:	Occupation:
Date of birth:     /     /	Date of birth:     /     /
Home address:	Home address:
Postcode:	Postcode:
Postal address (if different from your home address):	Postal address (if different from your home address):
Postcode:	Postcode:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Email:	Email:
Country of birth:	Country of birth:
Citizenship:	Citizenship:
IRD Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IRD Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship to Investor:	Relationship to Investor:

## 5. DISTRIBUTION AND WITHDRAWAL INSTRUCTIONS (PLEASE TICK AS APPROPRIATE)

**Distribute returns**

**Reinvest returns in additional units**

Please complete your bank account details for payments of returns or withdrawals.

*(Payments of returns can only be made to the nominated bank account as detailed below or to your solicitor's trust account).*

Bank account number: \_\_\_\_\_

Name of account: \_\_\_\_\_

*(Please attach bank deposit slip, certified copy of bank statement or bank details stamped by bank teller).*

## 6. TRUST ONLY

Please provide a certified copy of the trust deed including any amendments and trustee appointment documentation.

For a trust, please provide a description of the range of beneficiaries.

For a non-discretionary trust with 10 or fewer beneficiaries, please provide the full name and date of birth of all beneficiaries.

## 7. ESTATES ONLY

Please provide a certified copy of the last will and/or a copy of Probate.

## 8. PARTNERSHIPS ONLY

Please provide a certified copy of the partnership agreement.

## 9. COMPANIES ONLY

Please provide a certified copy of the certificate of incorporation and company extract from the Companies Office files.

Does the company have any nominee directors or shareholders? A nominee is someone who is required to carry out, or accustomed to carrying out, their role in accordance with the directions or instructions of another person. If so, please provide the following details:

Name of nominee	Director or shareholder?	Full name of the person the nominee represents

*(Where the investor has nominee directors and/or shareholders, the Manager may request additional information to ensure compliance with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.)*

## 10. INCORPORATED SOCIETIES ONLY

Please provide a certified copy of the certificate of incorporation.

## 11. YOUR ACKNOWLEDGEMENTS AND AGREEMENTS

### **Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT)**

You must not knowingly do anything to put Midlands Funds Management Limited (the “Manager” or “us”) in breach of the AML/CFT. You agree to provide all additional information and assistance requested by us and comply with all reasonable requests from us to facilitate our compliance with the AML/CFT.

You represent and warrant that you are not aware and have no reason to suspect that:

- the money used to fund any investment by you is derived from or related to any criminal or other illegal activities, money laundering, terrorism financing or similar activities (Illegal Activities); or
- the proceeds of any investment will fund any Illegal Activities.

You agree that the Manager is not liable for any losses incurred as a result of any action we take or omit to take and which either delays your investment or results in an application being declined, when these actions or omissions are necessary for us to comply with our obligations under the AML/CFT.

### **Privacy Act 2020**

This statement relates to personal information that you are providing to us by way of this application and any subsequent personal information which you may provide in the future. The personal information you have supplied may be used by us (and our related entities) for the purposes of enabling us to arrange and manage your investment, to contact you in relation to your investment and to market other products and services to you.

You authorise us to disclose your personal information to any third parties as needed to perform services on your behalf; to regulatory bodies or law enforcement agencies as required by law and to meet our legal or regulatory obligations. Except where precluded by law, we will provide you (on request) with the name and address of any entity to which information has been disclosed.

You have the right to access all personal information held about you by us. If any of the information is incorrect, you have the right to have it corrected. You acknowledge that you are authorised to provide this personal information. You agree that your name and address may be used by us to provide you with newsletters and other information about the Manager and other products and services offered by the Manager.

### **Email Use**

You consent to receiving financial statements, and other documents which we are required to send to you, electronically at the email address on this form, or another email address advised to us.

### **Authority**

Unless we hold written authority from all parties authorising a specific person(s) to act on behalf of the investor, we shall require all parties to sign this application and any subsequent withdrawal/variation requests.

### **Disclosures**

Are you or are you immediately related to: a senior member of NZ or foreign government, the judiciary, the military or an ambassador?

Yes  No

## 12. DECLARATION

I have read and retained a copy of the attached Product Disclosure Statement dated 2 April 2024 for the Midlands Smarter PIE Fund. I agree to the terms outlined above in relation to the Privacy Act, the supply of personal information, email use and the AML/CFT. I understand that the value of my investment is liable to fluctuations and may rise and fall from time to time. I agree to be bound by the trust deed for the Midlands Smarter PIE Fund.

In addition, by signing this Application Form, companies, trusts and partnerships certify that:

- the trust/partnership/company has been duly established and is validly existing under the laws of New Zealand;
- the trust/partnership/company has not been terminated or liquidated and no event requiring the vesting of the trust's/partnership's/company's assets has occurred;
- the Relevant Persons are as shown on this application form; and
- this proposed investment will not cause any limitation on the powers of the trustees/partners/directors to be exceeded.

I appoint Trustees Executors Limited as my agent for the purposes of making this investment and any subsequent investment.

**I understand that neither the Manager, Trustees Executors Limited nor any other person guarantees the performance of the Midlands Smarter PIE Fund or the repayment of capital or any particular rate of return from the Midlands Smarter PIE Fund.**

Signed for Investor (attach additional pages if more signatures are required):

Signature _____	Signature _____
Full Name _____	Full Name _____
Date _____	Date _____

Signature _____	Signature _____
Full Name _____	Full Name _____
Date _____	Date _____

**13. SUBMITTING THIS APPLICATION FORM AND MAKING PAYMENTS**

The completed application form together with certified proof of identity may be scanned and emailed to: [investments@mmt.net.nz](mailto:investments@mmt.net.nz).

The original application form and identity documents must be sent to:

**Midlands Funds Management Limited**  
**1/111 Karamu Road**  
**Hastings 4122**  
**PO Box 609**  
**Hastings 4156**

On receipt of documents we will contact you and advise you of our bank account details, for payment of your investment sum.

**CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY**  
*(Complete only if this application is being signed by attorney)*

I, \_\_\_\_\_  
of *(address and occupation of attorney)* \_\_\_\_\_

HEREBY CERTIFY THAT:

1. By power of attorney dated the \_\_\_\_\_ day of \_\_\_\_\_

*(Name and occupation of person for whom attorney is signing)*

("donor") appointed me his/her/its attorney on the terms and conditions set out in that power of attorney.

2. I have executed the application for units printed on the face of this form as attorney under that power of attorney and pursuant to the power thereby conferred upon me.

3. At the date of this certificate I have not received any notice or information of the revocation of that power of attorney by the death (or winding up) of the donor or otherwise.

Signed at \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of attorney \_\_\_\_\_

### IDENTIFICATION SCHEDULE TO VERIFY YOUR IDENTITY AND ADDRESS

To comply with anti-money laundering laws, we need to verify your identity and your address. **Please refer to the schedule below for your identification and address verification requirements. Document copies must be certified by a “trusted referee”.** The description of who is a trusted referee is also below:

Please tick to identify the certified documents you will provide to fulfil the requirements of either Identification Option 1 or Identification Option 2 or Identification Option 3 and in each case the Address Verification Requirement.

<input type="checkbox"/> Identification Option 1	<input type="checkbox"/> Identification Option 2	<input type="checkbox"/> Identification Option 3
One of: <ul style="list-style-type: none"> <li>• NZ passport</li> <li>• NZ certificate of identity</li> <li>• NZ firearms licence</li> <li>• emergency travel document</li> <li>• overseas passport</li> <li>• foreign-issued national identity document</li> <li>• NZ refugee travel document</li> </ul>	<ul style="list-style-type: none"> <li>• NZ driver licence</li> </ul> <b>and</b> one of: <ul style="list-style-type: none"> <li>• a credit card, debit or EFTPOS card issued by a registered NZ bank (name and signature must be on the card)</li> <li>• a bank account statement issued by a registered NZ bank addressed to the Relevant Person from the last 12 months.</li> <li>• a document issued by a NZ government agency containing the Relevant Person’s name and signature (e.g. a SuperGold card)</li> <li>• an IRD statement or other NZ government agency statement addressed to the Relevant Person from the last 12 months</li> </ul>	One of the following forms of photo ID: <ul style="list-style-type: none"> <li>• NZ driver licence</li> <li>• Kiwi Access Card (Hospitality Association)</li> <li>• a valid international driving permit</li> </ul> <b>and</b> one of: <ul style="list-style-type: none"> <li>• NZ full birth certificate</li> <li>• certificate of NZ citizenship</li> <li>• citizenship certificate issued by a foreign government</li> <li>• birth certificate issued by a foreign government</li> </ul>

#### Address Verification Requirement

In **addition** to the above, each Relevant Person must supply a copy of **one** form of address verification documentation from the following list which cannot be more than 3 months old:

- utility bill
- IRD Tax assessment notice (New Zealand)
- credit card/bank statements from an active account
- government valuation of Properties (evidencing ownership)
- letter from a New Zealand employer on employer’s letterhead (subject to separate verification process)
- Tenancy Agreement for a New Zealand address

**Please note; certification of documents must be by a “trusted referee”. See the description of who is a trusted referee below:**

#### WHO IS A TRUSTED REFEREE?

When supplying certified identification documents, the trusted referee must be at least 16 years of age and one of the following:

- Commonwealth Representative (as defined in the Oaths and Declarations Act 1957)
- a member of the Police
- a justice of the peace
- a registered medical doctor
- Kaumātua
- a registered teacher
- a minister of religion
- a lawyer
- a notary public
- New Zealand Honorary Consul
- a Member of Parliament
- a Chartered Accountant

In addition, the trusted referee must not be:

- related to the investor; for example, a trusted referee cannot be a parent, child, brother, sister, aunt, uncle or cousin of the investor
- the spouse or partner of the investor
- a person who lives at the same address as the investor

The trusted referee must sight the original identification documentation, and make a statement on the copy to the effect that the documents provided are a true copy and correctly represent the identity of the investor.

The certification by the trusted referee must include the name, occupation and signature of the trusted referee and the date of certification. Certification must have been carried out in the three months preceding the presentation of the copied document.