

APPLICATION FORM

AE**INVESTOR**

I WISH TO INVEST IN AE INVESTOR AND HAVE READ THE PRODUCT DISCLOSURE STATEMENT (PDS).

INVESTOR DETAILS: CORPORATE/PARTNERSHIPS/TRUSTEES

NAME OF ORGANISATION

ADDRESS (AS PER PROOF OF ADDRESS PROVIDED)

CITY

COUNTRY

POST CODE

NAME OF AUTHORISED AGENT

Persons associated with application must complete the account holder/signatory form below.

DATE

CONTACT PHONE NUMBER (LANDLINE)

MOBILE PHONE NUMBER

EMAIL ADDRESS

PLEASE SPECIFY YOUR REDEMPTION BANK ACCOUNT NUMBER

TAXATION INFORMATION:

IRD NUMBER (NEW ZEALAND TAX RESIDENT INVESTORS)

YOUR IRD NUMBER IS A UNIQUE NUMBER ISSUED TO YOU BY INLAND REVENUE. SEE WWW.IRD.GOV.TZ

TAX IDENTIFICATION NUMBER (TIN) (FOR INTERNATIONAL INVESTORS)

PRESCRIBED INVESTOR RATE (PIR):

0% INTERNATIONAL INVESTOR
 10.5% INCOME LESS THAN \$14,000
 17.5% INCOME BETWEEN \$14,000-\$48,000
 28% INCOME GREATER THAN \$48,000

A PIR is the tax rate that we calculate the tax on the income we derive from investing your money. Your PIR is based on your taxable income. Please see Section 6 of the Product Disclosure Statement (PDS); or call us or go to www.ird.govt.nz

PLEASE TICK IF YOU WISH TO ELECT TO BE A NOTIFIED FOREIGN TAX INVESTOR

PLEASE TICK IF YOU ARE A US CITIZEN OR US TAX RESIDENT

IMPORTANT CONDITIONS OF APPLICATION:

EMAIL CORRESPONDENCE: By signing this application form, I consent to receive all forms of correspondence via email including the AE Investor annual report. Please ensure you provide a current email address.

INVESTOR DECLARATION:

I have read the PDS dated 20 December 2021 and I agree to the terms therein including as necessary for this investment the use of my personal information; I understand that this is a long term investment, that the value of my investment may rise or fall overtime. I acknowledge that the Manager and the Supervisor have no liability towards me for any loss as a consequence of any investment decision made in accordance with the Trust Deed; I acknowledge that neither the Manager, the Supervisor, the government nor any person guarantees the performance of AE Investor or the repayment of any money payable by AE Investor.

I/WE IRREVOCABLY APPLY FOR THE ISSUE OF AE INVESTOR UNITS SHOWN ABOVE ON THE TERMS AND CONDITIONS SET OUT IN THE PRODUCT DISCLOSURE STATEMENT AND THIS APPLICATION FORM.

I/WE CONFIRM THE INFORMATION I/WE HAVE GIVEN ON THIS APPLICATION FORM IS TRUE AND CORRECT.

SIGNATURE

DATE (DD/MM/YYYY)

TRUST, COMPANY, PARTNERSHIP, INCORPORATED COMPANY OR SOCIETY OR ASSOCIATION:

AE Investor requires identity and address identification for all persons associated with this account. For example Trustee's, Company Directors, Authorised Officers, Powers of Attorney or any other person authorised to operate the account or whom may significant influence decisions relating the account.

All persons associated as above, must complete the accountholder/signatory form below. AE Investor also requires copies of any Trust Deeds, names and dates of birth of all Trust beneficiaries. Partnership Agreements, Company Certificate of Incorporation and Constitution. Incorporated Society or Association copies of any constitution document.

INVESTMENT DETAILS:

I apply to invest the below amount in AE Investor:

(Please select)

I will remit the application monies to the below account (select one)

In NEW ZEALAND DOLLARS to 12:

ACCOUNT NAME: AE NOMINEES LIMITED

ACCOUNT NUMBER: 12-3198-0066681-00

BANK: ASB Bank, 12 Jellicoe Street, Auckland 1010, New Zealand

In US DOLLARS to 2:

ACCOUNT NAME: AE NOMINEES LIMITED

ACCOUNT NUMBER: 26853537-USD-26

BANK: ASB Bank, 12 Jellicoe Street, Auckland 1010, New Zealand

Please include the following detail when making your payment:

Particulars: Investor First Name
Code: Family Name
Reference: IRD number (8 or 9 digits only no spaces or extra characters)

¹ By remitting this application monies in New Zealand dollars, I understand that AE Investor will convert the currency to US dollars at the rate offered by its bank.

² Subject to the Manager's approval, the units will be issued by AE Investor on the day it receives cleared monies in the above named US dollar account. And the units shall issue at the price of the units that day .

I have remitted via electronic bank transfer to one of the above accounts from an AML/CFT compliant bank.

SUPPORTING DOCUMENTS:

Please forward your completed application and photo and address Identification to info@Always-Ethical.com and our staff will contact you and certify your documents.

Before we can accept your application to invest with AE Investor, we are required to verify your identity and address. If you are unable to provide the below documentation, please contact us (0800 4 262624) or info@Always-Ethical.com and we will work with you to arrange suitable alternative documentation.

Alternatively, copies of your identity documents must be legible, and certified by a representative from the Manager or an approved referee.

An approved referee must be at least 16 years of age and one of the following: Police officer, Justice of the Peace, New Zealand registered lawyer, accountant, doctor or teacher, Notary Public or a Member of Parliament who is not related to you or your spouse and does not live at the same address as you. The approved referee must view the original version of the document (not a copy), before writing their name, occupation, date, signature and a statement to the effect that the document is a certified copy of the original document sighted.

If you are applying to invest jointly with other persons/parties you will need to provide application details for all persons/parties

IMPORTANT CONDITIONS OF APPLICATION

PRIVACY ACT: The information you provide us either in this application or in the future may be used by Always-Ethical Limited (the Manager), the Supervisor, and any related entities of either, the Financial Markets Authority (FMA), your financial adviser or the distribution entity through which you invested with AE Investor (if applicable) and by other service providers to AE Investor to provide services in relation to your investment. You may ask to be shown the information held about you, and if any of the information is incorrect, ask for it to be corrected. On request we will also provide you with the name and address of any entity to which information has been disclosed. If you do not provide the information requested on this application form, we may be unable to process your application.

PERSONS 18 AND OVER – OPTION 1

PERSONS 18 AND OVER – OPTION 2

CHILDREN (UNDER 18)

Passport (pages containing name, date of birth, photograph and signature)

New Zealand driver's licence

Full birth certificate

Plus one of the following:

Overseas driver's licence

18+ card

One of the following:

Full birth certificate

Passport

Plus identification (as per option 1 or 2) for parents/guardians who have co-signed the application.

CORPORATE/ PARTNERSHIP/TRUSTEES/etc ACCOUNT HOLDER/SIGNATORY FORM

ALL PERSONS ASSOCIATED WITH AN ACCOUNT APPLICATION MUST PROVIDE THEIR DETAILS BY COMPLETING THIS FORM AND SUPPLY DOCUMENTS VERIFYING THEIR IDENTITY AND RESIDENTIAL ADDRESS. THIS INCLUDES PERSONS ACTING UNDER POWER OF ATTORNEY, TRUSTEES, COMPANY DIRECTORS, SHAREHOLDERS WHO CONTROL MORE THAN 25% OF THE ENTITY THAT IS INVESTING, AUTHORISED OFFICIALS OR OFFICERS AND ANY OTHER PERSON AUTHORISED TO OPERATE THE ACCOUNT.



1. ADDITIONAL ACCOUNT HOLDER/SIGNATORY DETAILS

RELATIONSHIP TO THE ACCOUNT (i.e. trustee, director, etc.)

ROLE IN RELATION TO THE ENTITY (if applicable)

TITLE FIRST NAME MIDDLE NAME(S)

LAST NAME

DATE OF BIRTH (DD/MM/YYYY)

CONTACT PHONE NUMBER

EMAIL ADDRESS

ADDRESS

POST CODE COUNTRY

TAXATION INFORMATION

IRD NUMBER/ TAX IDENTIFICATION NUMBER (international)

PLEASE TICK IF YOU WISH TO ELECT TO BE A NOTIFIED FOREIGN TAX INVESTOR

PLEASE TICK IF YOU ARE A US CITIZEN OR US TAX RESIDENT

PRESCRIBED INVESTOR RATE (PIR)* (Please select one)

*For more information on calculating your PIR see www.ird.govt.nz

0% 10.5% 17.5% 28%

INTERNATIONAL INCOME LESS THAN \$14,000 INCOME BETWEEN \$14,000-\$48,000 INCOME GREATER THAN \$48,000

SIGNATURE

DATE (DD/MM/YYYY)

2. ADDITIONAL ACCOUNT HOLDER/SIGNATORY DETAILS

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3. ADDITIONAL ACCOUNT HOLDER/SIGNATORY DETAILS

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ROLE IN RELATION TO THE ENTITY (if applicable)

TITLE FIRST NAME MIDDLE NAME(S)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. ADDITIONAL ACCOUNT HOLDER/SIGNATORY DETAILS

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CONTACT US
ALWAYS-ETHICAL LIMITED

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PHONE: +64 9 304 0555
EMAIL: INFO@ALWAYS-ETHICAL.COM
WEBSITE: WWW.ALWAYS-ETHICAL.COM