

AE INVESTOR APPLICATION FORM

I WISH TO JOIN AE INVESTOR AND HAVE READ THE PRODUCT DISCLOSURE

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 OF BIRTH (DD/MM/YYYY)

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 23 January 2024 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 account holder/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 ¹ 2:
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
Swift code : ASBBNZ2A

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 will pay via electronic bank transfer to one of the above accounts from an AML/CFT compliant bank.

Primary Purpose for the Investment*

Please tell us the reason you are investing with Always-Ethical*

Retirement Income Investing Other (please specify) _____

What are your goals/plans for this investment?

How do you intend to transact on this account?

Deposits (please select at least one)

Regular
 Now and then
 Lump sum (one-off)
 Other (please specify) _____

Withdrawals (please select at least one)

Regular
 Now and then
 Lump sum (one-off)
 Other (please specify) _____

*Please note, this information is requested solely in relation to the AML/CFT Act and is not used to assess the suitability of your product selection or to provide financial advice.

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.

COMPLETED APPLICATION

Please email to info@always-ethical.com with your supporting documentation.

INVESTOR IDENTIFICATION

We have two options for clients to confirm their identity. Please select one of the options below.

Option 1: Electronic Identity Verification and Proof of Address

AE can confirm the identity and/or New Zealand address of many of our clients electronically, with their permission. Please note that we use a third party system not owned by AE to conduct identity checks in this way.

- I confirm that I give AE authority to check my identity and/or address electronically using the documentation provided. **I have included a copy of my current signed NZ passport (preferred) or NZ Driver Licence (front & back).**

Option 2: Certified Copies of Identity Documents

You can provide certified photocopies of your documents (we need the physical copy that has been certified).

- I will provide certified identification documents. **See 'Investor Identification Requirements' for further detail, including who can certify them and correct certification wording.**

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 AE employee or certified by a Trusted Referee as described below.
- Any certified 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	Option 2
One of the following:	
<input type="checkbox"/> Current signed New Zealand Passport (preferred)	<input type="checkbox"/> New Zealand Driver Licence (front and back)
<input type="checkbox"/> New Zealand Firearms Licence	In combination with one of the following:
<input type="checkbox"/> Overseas Passport with proof of NZ residency	<input type="checkbox"/> Bank statement, dated within the last 12 months
OR	<input type="checkbox"/> Valid credit or debit card with name embossed and signature
	<input type="checkbox"/> Birth certificate
	<input type="checkbox"/> Citizenship certificate
	<input type="checkbox"/> Government agency letter (IRD, Work & Income, Electoral Commission) that you received in the post and dated within the last 12 months
	<input type="checkbox"/> SuperGold card with photo, name and signature

2. PROOF OF ADDRESS

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

One of the following documents that has been issues in the last 12 months:	
<input type="checkbox"/> Bank statement (we accept downloaded bank statements)	<input type="checkbox"/> Rates bill
<input type="checkbox"/> Current vehicle registration	<input type="checkbox"/> Tenancy agreement
<input type="checkbox"/> Current house or contents insurance policy or renewal statement	<input type="checkbox"/> Letter issued by local Health Board
<input type="checkbox"/> Government agency letter (IRD, Work & Income, Electoral Commission)	<input type="checkbox"/> Utility bill (power, water, internet, fixed home phone, SKY)

ACCEPTED TRUSTED REFEREES

Originals can be verified by an AE employee OR certified by a Trusted Referee in accordance with the instructions outlined below. Certified copies of identification must be presented to AE within three months of certification.

Identification must be certified by one of the following:	
<ul style="list-style-type: none">• Lawyer with a current practising certificate• Chartered Accountant• Member of the Police• Justice of the Peace• Registered Medical Doctor• Registered Teacher	<ul style="list-style-type: none">• New Zealand Honorary Consul• 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:	
<ul style="list-style-type: none">• For photographic ID, make the statement "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]."• 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, a relative or spouse of the individual presenting the documents.	

**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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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LAST NAME

DATE OF BIRTH (DD/MM/YYYY)

CONTACT PHONE NUMBER

EMAIL ADDRESS

ADDRESS

POST CODE COUNTRY

<input type="text"/>	<input type="text"/>
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TAXATION INFORMATION

IRD NUMBER/ TAX IDENTIFICATION NUMBER (international)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

<input type="checkbox"/> 0%	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 28%
INTERNATIONAL INVESTOR	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

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

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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LAST NAME

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3. 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)

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CONTACT PHONE NUMBER

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SIGNATURE

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4. 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

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SIGNATURE

DATE (DD/MM/YYYY)

CONTACT US
ALWAYS-ETHICAL LTD

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