

money payable by AE Investor.

AE INVESTOR

APPLICATION FORM

I WISH TO JOIN AE INVESTOR AND	HAVE READ THE PRODUCT DISCLOSURE
INVESTOR DETAILS: INDIVIDUAL/JOINT (ALL JO	DINT APPLICANTS MUST COMPLETE A COPY OF THIS FORM)
TITLE MR MRS MISS	MS OTHER
FIRST NAME (AS PER PHOTO ID PROVIDED)	MIDDLE NAME(S) (AS PER PHOTO ID PROVIDED)
LAST NAME (AS PER PHOTO ID PROVIDED)	PLEASE LIST ANY OTHER NAMES YOU ARE KNOWN BY
ADDRESS (AS PER PROOF OF ADDRESS PROVIDED)	POST CODE
CITY	COUNTRY
DATE OF BIRTH (DD/MM/YYYY) CONTACT PHONE NU	IMBER (LANDLINE) MOBILE PHONE NUMBER
EMAIL ADDRESS	
IMAIL ADDRE33	
TAXATION INFORMATION:	
IRD NUMBER (NEW ZEALAND TAX RESIDENT INVESTORS)	
	R IS A UNIQUE NUMBER ISSUED TO YOU BY INLAND REVENUE. SEE <u>WWW.IRD.GOVT.NZ</u>
TAX INDENTIFICATION NUMBER (TIN) (FOR INTERNATION	NAL INVESTORS)
PRESCRIBED INVESTOR RATE (PIR):	
0% 10.5% 17.5%	28% 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
INTERNATIONAL INCOME LESS INCOME BETWEEN INCOM INVESTOR THAN \$14,000 \$14,000-\$48,000 THAN	AE GREATER your taxable income. Please see Section 6 of the Product Disclosure Statement (PDS); or call us or go to N \$48,000 <u>www.ird.govt.nz</u>
PLEASE TICK IF YOU WISH TO ELECT	
TO BE A NOTIFIED FOREIGN INVESTOR	OR US TAX RESIDENT
NEXT OF KIN DETAILS	
NAME	PHONE
RELATIONSHIP	EMAIL
IMPORTANT CONDITIONS OF APPLICATION:	form I consent to OF AF INVESTOR UNITS SHOWN ABOVE
EMAIL CORRESPONDENCE: By signing this application receive all forms of correspondence via email includ	Jing the AE Investor ON THE TERMS AND CONDITIONS SET
annual report. Please ensure you provide a current email c	address. OUT IN THE PRODUCT DISCLOSURE STATEMENT AND THIS APPLICATION FORM.
INVESTOR DECLARATION:	I/WE CONFIRM THE INFORMATION I/WE
I have read the PDS dated 23 January 2024 the terms therein including as necessary for this inve	and I agree to HAVE GIVEN ON THIS APPLICATION
my personal information; I understand that this is a lo	ong term investment, FORM IS IRUE AND CORRECT.
that the value of my investment may rise or fall overti that the Manager and the Supervisor have no lic	
for any loss as a consequence of any investme	ent decision made
in accordance with the Trust Deed; I acknowled the Manager, the Supervisor, the government	
guarantees the performance of AE Investor or the	

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:	New Zealand Driver Licence (front and back)		
Current signed New Zealand Passport (preferred)	In combination with one of the following:		
New Zealand Firearms Licence	Bank statement, dated within the last 12 months		
Overseas Passport with proof	Valid credit or debit card with name embossed and signature		
of NZ residency	Birth certificate		
OR	Citizenship certificate		
	Government agency letter (IRD, Work & Income, Electoral Commission) that you received in the post and dated within the last 12 months		
	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:								
	Bank statement (we accept downloaded bank statements)		Rates bill					
	Current vehicle registration		Tenancy agreement					
	Current house or contents insurance policy or renewal statement		Letter issued by local Health Board					
	Government agency letter (IRD, Work & Income, Electoral Commission)		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:

- 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
- If outside New Zealand, a person authorised by law to take a statutory declration (or equivalent) in that country.

The certifier must:

- For photograhic 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 certifation.
- Not be living at the same address, a relative or spouse of the individual presenting the documents.

INDIVIDUAL INVESTOR APPLICATION:

If you are applying as an individual investor, you will need to complete the application form and provide the identification and address verification documents outlined below.

JOINT INVESTOR APPLICATION:

If you are applying to invest jointly with other persons both applicants must individually complete this form. Unless you specify otherwise, both applicants will be required to authorise any redemption of investment monies.

Please note if you are applying to invest jointly with other persons/parties you will need to provide application details for all persons/parties.

INVESTMENT DETAILS:

I apply to invest the below	w amount in A	E Investo	r:				
US\$ or NZ\$		(Please select	(Please select US\$ or NZ\$)				
I will remit the application m	onies to the bel	ow accoul	nt (select one)				
In NEW ZEALAND DOI	LLARS to ¹² :			In US DOLLARS to 2:			
ACCOUNT NAME: AE NOMINEES LIMITED ACCOUNT NUMBER: 12-3198-0066681-00 BANK: ASB Bank, 12 Jellicoe Street, Aucklar 1010, New Zealand			ACCOUNT NAME: ACCOUNT NUMBER:	AE NOMINEES LIMITED : 26853537-USD-26 ASB Bank, 12 Jellicoe Street, Auckland 1010, New Zealand Swift code : ASBBNZ2A			
		and	BANK:				
Please include the following making your payment:	; detail when	Particulars: Code: Reference:	Investor First Name Family Name IRD number (8 or 9 digit)	s only no spaces or extra characters)			
· · · · · · · · · · · · · · · · · · ·	roval, the units wi		understand that AE In	vestor will convert the currency	to US dollars at the rate offered by its bank. in the above named US dollar account and the		
I will pay via electronic bank	k transfer to one	of the ab	ove accounts from	an AML/CFT compliant ban	ık.		
COMPLETED APPLICATION Please email to info@always Primary Purpose for the Inv		th your sup	pporting document	ation.			
Please tell us the reason you	are investing w	ith Always	-Ethical*				
Retirement Ir	ncome [Investin	ng Other (please specify)			
What are your goals/plans fo	or this investmer	1ţš					
How do you intend to transa	ict on this accou	unt?					
Deposits (please select at lea	ast one)			Withdrawals (please selec	t at least one)		
Regular				Regular			
Now and then				Now and then			
Lump sum (one-off)				Lump sum (one-off)			
Other (please specify)				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.

CONTACT US ALWAYS-ETHICAL LTD

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