



1. INVESTOR INFORMATION

Investor 1 (principal account holder)	Investor 2 (if applicable)
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: _____ _____ Postcode: _____	Home address: _____ _____ Postcode: _____
Postal address (if different from your home address): _____ Postcode: _____	Postal address (if different from your home address): _____ Postcode: _____
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Email:	Email:
Country of birth:	Country of birth:
Citizenship:	Citizenship:
IRD Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	IRD Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2. YOUR INVESTMENT

Amount you are investing (minimum \$500):

Regular Instalment (minimum \$100 monthly) **I/We wish to make regular savings contributions of:**
 on a fortnightly / monthly (circle one) basis, I understand that an automatic payment authority will be sent to me/us on receipt of my/our signed application form.

What is the purpose of your investment? <input type="checkbox"/> Accumulation of Wealth <input type="checkbox"/> Retirement <input type="checkbox"/> Other - please specify:	What is the source of funds? <input type="checkbox"/> Salary <input type="checkbox"/> Other - please specify:
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3. TAX INFORMATION

The taxpayer for joint investors is the investor with the highest withholding tax rate

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

Taxpayer's withholding tax rate: *If no IRD number is provided in the 'Investor Information' section, 33% will apply.*
 10.5% 17.5% 30% 33% Exempt *(Please attach certificate of exemption)*

7. DECLARATION

I have read and retained a copy of the attached Product Disclosure Statement for the Midlands Mortgage Trust Group Investment 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.

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 Mortgage Trust Group Investment Fund or the repayment of capital or any particular rate of return from the Midlands Mortgage Trust Group Investment Fund.

Signature of Investor 1 (principal account holder):

Date ____ / ____ / ____

Signature of Investor 2 (principal account holder):

Date ____ / ____ / ____

PAYMENT METHODS (PLEASE TICK)

Option 1 - By Cheque

Please cross your cheque "Not Transferable" and make it payable to **Midlands Mortgage Trust**

The original Application Form together with your cheque and certified proof of identity must then be sent to:

**Fund Managers Central Limited
120 Karamu Road
Hastings 4122**

**PO Box 609
Hastings 4156**

Alternatively, you can hand the Application Form, certified proof of identity and cheque to your Financial Adviser.

Option - By Direct Credit

If paying by this method the Application Form together with certified proof of identity must be scanned and emailed to: admin@mmt.net.nz

The original Application Form together with your certified proof of identity must then be sent to:

**Fund Managers Central Limited
120 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

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 _____