TRUST MANAGEMENT PIE FUNDS

APPLICATION FORM

A. INVESTOR DETAILS

| Instructions Provide your full name(s) and address. Supply your IRD number (this is a legal requirement). Supply your Charities Registration Number (as issued by the Department of Attach a copy of your Resident Withholding Tax Exemption Certificate to you | |
|---|-------------|
| Are you a current unit holder in a Fund? Yes No | Account No. |
| Name of account (legal name of investor) | |
| Trading name of entity (if different from legal name) | |
| Country of registration or incorporation | |
| Date of registration or incorporation | |
| IRD Number | |
| Prescribed Investor Rate (PIR) | |
| Charities Registration Number (if applicable) | |
| Email address for Fund communications and statements | |
| Nature of entity activity/purpose | |
| Registered or physical address (not a PO Box number) | |
| | |
| | |
| Postal address (if different from above) | |
| | |
| | |

Instructions

Each of the following persons associated with this application must complete the following authorised signatory / associated person section:

Trustee

- Company director, shareholders who are not directors or officers but who control more than 25% of the investor or other person on whose behalf the investment is made
- Authorised official or officer (e.g., president of society)
- Any other person authorised to operate this investment account or who has the ability to significantly influence decisions of the investor (effective control) or other person on whose behalf the investment is made.

If there are more than four persons associated with this application, please ask us for further copies of the application form, as each associated person will need to provide their details.

| | 19 | | | | | |
|---|--|--|--|--|--|--|
| SIGNING INSTRUCTIONS | | | | | | |
| Please indicate how many of the be | elow authorised signatories may sign in relation to this investment | | | | | |
| All to sign | Any 1 to sign Any 2 to sign | | | | | |
| AUTHORISED SIGNATORY / ASSOCIATED PERSON | | | | | | |
| | Authorised signatory Yes No | | | | | |
| Title Mr | Mrs Miss Ms Other | | | | | |
| Surname | | | | | | |
| First Names | | | | | | |
| Date of Birth | | | | | | |
| Phone No. | | | | | | |
| Postal address | | | | | | |
| Email Address | | | | | | |
| Relationship to investor | | | | | | |
| (e.g. trustee, director) | | | | | | |
| Any former names known by | | | | | | |
| (e.g. maiden name, former married name | e, alias) | | | | | |
| Instructions | | | | | | |
| The Anti-Money Laundering and Counteri investors. | ing Financing of Terrorism Act 2009 requires verification of the identity of all new | | | | | |

Refer to Section E in this Application Form for details on how your identity will be verified at Trust Management.

| AUTHORISED | SIGNATOR | 8Y / ASSO(| | RSON | | | 20 |
|------------------------|----------------|--------------|------|------------|-------------|-----|----|
| | | | | Authorised | d signatory | Yes | No |
| Title | Mr | Mrs | Miss | Ms | Other | | |
| Surname | | | | | | | |
| First Names | | | | | | | |
| Date of Birth | | | | | | | |
| Phone No. | | | | | | | |
| Postal address | | | | | | | |
| Email Address | | | | | | | |
| Relationship to i | nvestor | | | | | | |
| (e.g. trustee, directo | or) | | | | | | |
| Any former nam | es known by | | | | | | |
| (e.g. maiden name, | former married | name, alias) | | | | | |

Instructions

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires verification of the identity of all new investors.

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| AUTHORISED | SIGNATOR | Y / ASSOC | IATED PER | SON | | | 21 |
|------------------------|-------------------|-------------|-----------|------------|-----------|-----|----|
| | | | | Authorised | signatory | Yes | No |
| Title | Mr | Mrs | Miss | Ms | Other | | |
| Surname | ſ | | | | | | |
| First Names | - | | | | | | |
| Date of Birth | - | | | | | | |
| Phone No. | - | | | | | | |
| Postal address | - | | | | | | |
| Email Address | | | | | | | |
| Relationship to i | nvestor | | | | | | |
| (e.g. trustee, directo | r) | | | | | | |
| Any former nam | es known by | | | | | | |
| (e.g. maiden name, | former married na | ame, alias) | | | | | |

Instructions

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| AUTHORISED | SIGNATOR | RY / ASSOC | CIATED PE | RSON | | | 22 |
|-----------------------|----------------|--------------|-----------|------|-------------|-----|----|
| | | | | | d signatory | Yes | No |
| Title | Mr | Mrs | Miss | Ms | Other | | |
| Surname | | | | | | | |
| First Names | | | | | | | |
| Date of Birth | | | | | | | |
| Phone No. | | | | | | | |
| Postal address | | | | | | | |
| Email Address | | | | | | | |
| Relationship to | investor | | | | | | |
| (e.g. trustee, direct | or) | | | | | | |
| Any former nam | ies known by | | | | | | |
| (e.g. maiden name, | former married | name, alias) | | | | | |

Instructions

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires verification of the identity of all new investors.

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B. INVESTMENT DETAILS

Instructions

Enter the amount you wish to invest in the Funds.

The minimum initial investment amount is \$25,000 per Fund and \$5,000 for each additional investment.

Fund

Trust Management – Property Fund

Trust Management – ESG Australasian Share Fund

Trust Management – ESG NZ Bond Fund

Trust Management – ESG International Share Fund

Trust Management – ESG International Bond Fund

Trust Management – ESG Balanced Fund

What is the source of the monies being invested?

What are the normal sources of income for the entity investing?

Amount of Investment

| 24 |
|--|
| C. DISTRIBUTION DETAILS |
| |
| I/we elect to receive income distributions as follows: (tick one box) |
| Reinvest all income distributions in additional units in the relevant Fund |
| or |
| Pay income distributions by direct credit to the bank account nominated below. |
| NOMINATED BANK ACCOUNT DETAILS (Income Distributions) |
| Instructions If you have elected to be paid income distributions from the Funds by direct credit, please provide details of your nominated bank account below, and provide one of the following dated within the last three months as proof of the nominated bank account: Bank statement or Printed copy of an online bank statement (this must show the name of the bank account, the bank account number and the logo of your bank) or A bank-generated deposit slip. |
| Account Name |
| Account Name Account Details Image: Count Details Bank Branch Number Account Number Suffix |

D. PAYMENT

Payment can be made directly to the "TIM PIE Funds" by depositing funds into the application account: **01 0102 0534214 000.**

No application will be processed until an original application form and the funds have been received and AML verification has been completed.

We have absolute discretion whether to accept or refuse any application without giving any reason.

E. IDENTITY VERIFICATION REQUIREMENTS

Investor Identification

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 ('AML Act') requires Trust Management to verify the identity of new clients and periodically reconfirm information about existing clients. At the date of the attached Product Disclosure Statement ('PDS'), our preferred option is to confirm your identity electronically.

Electronic Identity Verification and Proof of Address

Trust Management confirms the identity and/or New Zealand address of our investors electronically, with their permission. Please note that we use an external third-party system not owned by Trust Management to conduct identity checks in this way. We will send you a link for you to conduct the check electronically.

The following information will be required:

- Your full name, as it appears on your identity document
- Your address
- Your date of birth
- Details of your identity document: the passport number and expiry date or, the driver's licence number and version number. Please note that your passport or driver's licence must be current i.e., not expired or cancelled. A passport that has been cancelled and reissued cannot be verified online, even if it has not yet expired.

The address search checks your address against records held by the Companies Office, Land Information New Zealand as well as other databases. If your address is not held in any of these databases, the automatic verification service will return a message saying that your address could not be verified. If the online verification method fails to identify you, we will contact you to obtain physical certified documents.

F. DECLARATION AND SIGNATURE

I / We, the undersigned:

* have received and read the Product Disclosure Statement dated **23 April 2024** to which this application form was attached and agree to be bound by the terms and conditions of the Trust Deed (including the establishment deeds governing the Funds), the Product Disclosure Statement and any regulatory register entry (each as amended, added or replaced) relating to the Trust Management PIE Funds;

* acknowledge that this application to acquire units in the Fund(s) may not be withdrawn or revoked by me/us;

* understand that the Manager and the Supervisor and their related entities will hold personal information in respect of me/us in relation to my/our investment. I/we consent to the Manager and the Supervisor disclosing personal information to any administrator, auditor, custodian or any other person as required for the proper administration of the investment. I/we authorise the Supervisor and the Manager to disclose my/our personal information to the Financial Markets Authority;

* understand that I/we may request to see and, if necessary, request the correction of personal information;

* declare that all details and statements made by me/us in this application form are complete and accurate; and

* understand that none of the Supervisor, the Manager, any director or nominee of those entities, or any other person guarantees the performance or obligations of the Funds.

Signature(s) of applicant(s) (Companies must execute as a deed):

| Name | Signature | Date |
|------|-----------|----------|
| | | |
| | <u></u> | <u> </u> |
| Name | Signature | Date |
| | | |
| | | |
| Name | Signature | Date |
| | | |
| | | |
| Name | Signature | Date |
| | | |
| | | |
| | | |
| | | |

INVESTOR CHECKLIST

The following information must be supplied for your investment to proceed if you are a new investor:

- A copy of your Certificate of Exemption from Resident Withholding Tax, if applicable?
- Evidence of identity and address in accordance with Section E of the application form, for each person associated with the investment
- Any power of attorney and certificate of non-revocation of power of attorney?
- An attached completed application form, including a list of authorised signatories and details for all persons associated with the investment
- Arrangements for direct transfer.

Return the completed application form to:

Trust Investments Management Limited Level 4, 123 Carlton Gore Road Newmarket Auckland 1023 P O Box 37 448 Parnell Auckland 1151

investmentsupport@trustmanagement.co.nz