

If necessary, please attach additional copies of this page to describe all Controlling Persons.

INV#:

CONTROLLING PERSON 1

Client #:

A. CAPACITY:

Trustee Director Shareholder Appointor/Settlor/Protector Authorised Signatory Partner Other: _____

Title:	First Name(s):	Surname:
Date of Birth:	Country of Birth:	Citizenship:
Occupation:	Home address:	Postal address (if different):
Phone:	Mobile:	Email:

B. CONTROLLING PERSON TAX RESIDENCE(S)

I confirm I am a tax resident in New Zealand IRD Number: (go to Section C)

AND/OR

I am a tax resident of one or more countries other than New Zealand and I have listed these below.
(Please note, United States of America Citizens are considered to be tax residents of the United States of America).

	Country of tax residence 1	Country of tax residence 2	Country of tax residence 3
List of all countries of tax residence (other than New Zealand)			
List Tax Identification Number (TIN) (or country equivalent)			
IF TIN is unable to be obtained, please provide a reason why:			

C. IDENTIFICATION REQUIREMENTS: Please select option A or B

A: Biometric Verification – preferred method

To make the verification process quick and simple for you, we have invested in facial recognition technology.

We use facial recognition technology to biometrically match your face to the picture on your ID. In order for us to do this you will be sent a link via a text message from First Mortgage Trust. Using your mobile phone you will be asked to:

1. take a photograph of your NZ or Australian driver licence or passport
2. follow prompts to take a video of your face
3. verify that the details captured off your driver licence or passport are correct
4. confirm or add your residential address
5. this information is then verified to confirm your ID and address.

Preferred method as no documents required.

For details on how we collect and protect your biometric information as well as your rights to access and correct this information please see our Privacy Policy, which is available on our website.

B: Certified Documentation

Refer to Section 6 for identification options available.

You will need to provide certified documents if we are unable to successfully identify you using option A.

Please note certification of documents must be by a "trusted referee". See the description of who is a trusted referee in Annexure 2.

If necessary, please attach additional copies of this page to describe all Controlling Persons.

INV#:

CONTROLLING PERSON 4

Client #:

A. CAPACITY:

Trustee Director Shareholder Appointor/Settlor/Protector Authorised Signatory Partner Other: _____

Title:	First Name(s):	Surname:
Date of Birth:	Country of Birth:	Citizenship:
Occupation:	Home address:	Postal address (if different):
Phone:	Mobile:	Email:

B. CONTROLLING PERSON TAX RESIDENCE(S)

I confirm I am a tax resident in New Zealand IRD Number: (go to Section C)

AND/OR

I am a tax resident of one or more countries other than New Zealand and I have listed these below.
(Please note, United States of America Citizens are considered to be tax residents of the United States of America).

	Country of tax residence 1	Country of tax residence 2	Country of tax residence 3
List of all countries of tax residence (other than New Zealand)			
List Tax Identification Number (TIN) (or country equivalent)			

IF TIN is unable to be obtained,
please provide a reason why:

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B: Certified Documentation

Refer to Section 6 for identification options available.

You will need to provide certified documents if we are unable to successfully identify you using option A.

Please note certification of documents must be by a "trusted referee". See the description of who is a trusted referee in Annexure 2.

DOCUMENTARY IDENTIFICATION OPTIONS

Identification Option 1

One of:

- NZ Passport
- NZ Certificate of identity
- NZ Firearms Licence
- Overseas Passport
- Emergency travel document
- Foreign-issued national identity document
- NZ Refugee travel document

Identification Option 2

- NZ Driver Licence

And one of:

- A credit card, debit or EFTPOS card issued by a registered NZ bank (name and signature must be on the card)
- A bank account statement issued by a registered NZ bank addressed to the Investor from the last 12 months
- A document issued by a NZ government agency containing the Investors name and signature (e.g. a SuperGold card)
- An IRD statement or other NZ government agency statement addressed to the Investor from the last 12 months

Identification Option 3

One of the following forms of photo ID:

- NZ Driver Licence
- Kiwi Access card (Hospitality Association)
- A valid International driving permit

And one of:

- NZ Birth Certificate
- Certificate of NZ Citizenship
- Citizenship Certificate issued by a foreign government
- Birth Certificate issued by a foreign government

Physical Address Verification requirement - In addition to the above, each Relevant (Controlling) Person must supply a copy of one form of address verification documentation from the following list which cannot be more than **6 months old**:

- Utility bill (water, power, telephone, gas, sky or internet service provider)
- IRD tax assessment notice (New Zealand)
- Credit card/bank statements from an active account
- Government valuation of real properties (evidencing ownership) or rates notice
- Tenancy Agreement for a New Zealand address

If you are a financial institution you will need to provide additional information. Please contact us for further information.

YOUR DISCLOSURES, ACKNOWLEDGEMENTS AND AGREEMENTS

A Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT)

You must not knowingly do anything to put First Mortgage Managers Limited (the "Manager" or "us") in breach of the AML/CFT.

You agree to provide all additional information and assistance requested by us and comply with all reasonable requests from us to facilitate our compliance with the AML/CFT.

You represent and warrant that you are not aware and have no reason to suspect that:

- the money used to fund any investment by you is derived from or related to any criminal or other illegal activities, money laundering, terrorism financing or similar activities; or
- the proceeds of any investment will fund any illegal activities.

The Manager cannot accept or process funds until such time as we have received all documentation required to satisfy our AML/CFT obligations. You agree that the Manager is not liable for any losses incurred as a result of any action we take or omit to take and which either delays your investment or results in an application being declined, when these actions or omissions are necessary for us to comply with our obligations under the AML/CFT.

B Privacy and Use of Personal Information

We collect personal information about you to assess your application, administer your investment, comply with legal obligations, and manage our relationship with you.

We may collect this information:

- Directly from you, via this application form or through other communications.
- Indirectly, from third parties such as identity verification providers, credit reporting agencies, sanctions or PEP screening tools, your authorised representatives, or from publicly available sources, where required to meet our legal obligations (for example, under anti-money laundering laws) or for due diligence purposes.

We are required to notify you when we collect your personal information from third parties. This is in line with Information Privacy Principle 3A of the Privacy Act 2020. Your personal information may be shared with service providers or regulators, including the FMA and other government agencies, to the extent required by law. You have the right to access and request correction of your personal information.

C Tax Residency and Foreign Tax

I/We declare that all the information supplied and all statements made in this application form are, to the best of my/our knowledge and belief, correct and complete. I/We understand that not giving information or giving false information could have serious consequences under New Zealand law.

I/We authorise the Manager to make any enquiries it considers necessary for confirmation of the above.

I/We declare that: the information contained in this application form and information regarding the Investor and any account(s) and any Controlling Person may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Investor may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I/We undertake to advise the Manager within 20 days of any change in circumstances which affects the tax residency status of the Investor or causes the information held contained herein to become incorrect or incomplete (including any changes to the information on Controlling Persons identified in Section 5 such as (but not limited to), if the Investor is a Passive NFE trust, if a beneficiary has received a distribution from the trust or intends to exercise vested rights, and to provide the Manager a suitably updated self-certification and declaration and relevant documentation (as requested) within 20 days (or a lesser period as requested by the Manager) of such change in circumstances.

I/We certify that all statements made in this declaration also extend to any information that I/we (or an authorised person on my/our behalf) may supply to the Manager, in whatever manner, subsequent to signing this form.

I/We understand the Manager may need extra information from me about my tax residency status, and I/we will provide any extra information the Manager requests.

D Power of Attorney

If you are signing for the Investor under a power of attorney you have also attached:

- A certified copy of the power of attorney and completed the certificate of non-revocation; and
- Identification and verification of address of the attorney has been provided.

E Electronic Communications

Unless you have selected for communication to be sent by post, you consent to receiving all communications electronically, either through the online Investor Portal or at the email address specified in this application form (or any other email address subsequently notified to the Manager). These communications include, but are not limited to, those required by law such as annual reports, quarterly distribution statements, and transaction notifications.

F Authority
Authorisation to instruct on the account

Authorisation (please indicate below which controlling person/s from Section 5, and how many, are required to provide instructions to withdraw or make variations to your investment).

Full Name:	_____
Full Name:	_____
Full Name:	_____
Full Name:	_____
Number of signatories required:	_____

DECLARATION

- I/We have read and retained a copy of the Product Disclosure Statement for the First Mortgage PIE Trust dated 3 March 2026.
- I/We agree to the terms outlined above in relation to the Privacy Act, the supply of personal information, AML/CFT and Tax Residency, and Electronic Communications acknowledgements.
- I/We understand that the value of our 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:

1. the trust/partnership/company has been duly established and is validly existing under the laws of New Zealand;
2. 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;
3. the Controlling Persons are as shown on this application form;
4. this proposed investment will not cause any limitation on the powers of the trustees/partners/directors to be exceeded;
5. I/We understand that neither the Manager, Public Trust nor any other person guarantees the performance of the First Mortgage PIE Trust or the repayment of capital or any particular rate of return from the First Mortgage PIE Trust;
6. I/We agree that the Manager may electronically verify the identity of those person(s) that have elected in Section 5 to have their identity verified in this manner; and
7. I/We authorise First Mortgage Managers to collect and verify personal information about me/us, including from third parties such as identity verification services, credit reporting agencies, or government registers, where reasonably required to assess my/our application or comply with legal obligations (including under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009);
8. I/We acknowledge that the collection of my/our personal information may occur without further notice to me/us, as notification has been provided in this form in accordance with Information Privacy Principle 3A of the Privacy Act 2020, and that I/we have the right to access and request correction of my/our personal information.
9. I/We certify that the Investor(s) are as shown on this application form.
10. I/We confirm that the information I/we have provided is true and correct;

Signed for Investor (each Controlling Person). Attach additional pages if more signatures are required:

Signature:	_____	Signature:	_____
Full Name:	_____	Full Name:	_____
Date:	Capacity:	Date:	Capacity:
_____	_____	_____	_____
Signature:	_____	Signature:	_____
Full Name:	_____	Full Name:	_____
Date:	Capacity:	Date:	Capacity:
_____	_____	_____	_____

NEXT STEPS

1. Return the completed application form to invest@fmt.co.nz
2. Once we have received the completed documentation, and completed your account opening process, we will provide you with information to enable you to transfer your investment funds.

ANNEXURE 1 - Certificate of Non-Revocation of Power of Attorney

(Complete only if this application is being signed by attorney)

I/We _____

of (address and occupation of attorney(s)) _____

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/We 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(s) of attorney(s): _____

ANNEXURE 2 - Application Forms Who is a Trusted Referee?

When supplying certified identification documents, the trusted referee must be at least 16 years of age and one of the following:

- Commonwealth representative (as defined in the Oaths and Declarations Act 1957)
- An employee of the Police who holds the office of constable
- Justice of the peace
- Registered medical doctor
- Kaumātua
- Registered teacher
- Minister of religion
- Lawyer
- Notary public
- New Zealand Honorary consul
- Member of Parliament
- Chartered Accountant
- A person who has the legal authority to take statutory declarations or the equivalent in New Zealand

In addition, the trusted referee must **not be:**

- Related to the Investor; for example, a trusted referee cannot be a parent, child, brother, sister, aunt, uncle or cousin of the investor
- The spouse or partner of the Investor
- A person who lives at the same address as the Investor
- A person involved in the transaction or business requiring the certification

The trusted referee must sight the original identification documentation, and make a statement on the copy to the effect that the documents provided are a true copy and correctly represent the identity of the Investor.

The certification by the trusted referee must include the name, occupation, signature of the trusted referee and the date of certification.

Certification must have been carried out in the three months preceding the presentation of the copied document, to the Manager.