

Application Form for Secured Debenture Stock



THE INVESTMENT MANAGER
 FINANCE DIRECT LIMITED
 PO BOX 17422, GREENLANE
 AUCKLAND 1546

BROKERS STAMP

If you are making this investment through a financial intermediary, we may pay brokerage. Details of brokerage are on page 16 of the Offer Document.

Having received and read the Product Disclosure Statement ("PDS") dated 3rd August 2022, I/we hereby irrevocably apply for First Ranking* Secured Debenture Stock as set out below, and upon the terms and conditions comprised within the PDS and the Debenture Trust Deed as amended and restated on the 3rd August 2022.

Investor Details

If reinvesting tick box and complete reinvestment date

____ / ____ / ____

| | | |
|--|---------------------|-----------|
| INVESTOR Mr/Mrs/Miss Ms/Dri/Trustee | First names in full | Surname |
| JOINT INVESTOR Mr/Mrs/Miss Ms/Dri/Trustee | First names in full | Surname |
| COMPANY NAME, TRUST NAME | | |
| Residential/Business Address | | |
| City or Town | | Post Code |
| Daytime Phone No | Email Address | |
| Mailing Address (if different from above) | | |

____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____

Brokers No.

TAX DETAILS

IRD No. _____

IRD No. _____

IRD No. _____

Please Note If we do not have your IRD number on file, we are required to deduct Resident Withholding Tax (RWT) at the IRD prescribed rate

Please deduct RWT at

- 10.5% 17.5% 28% 30%
- 33% NRWT AIL Exempt*

* Copy of Exemption Certificate Required

Application Form

Investment Information

| TERM | INTEREST RATE | AMOUNT <small>(Minimum \$1,000)</small> |
|-----------|---------------|--|
| 3 months | % | \$ |
| 6 months | % | \$ |
| 12 months | % | \$ |
| 18 months | % | \$ |
| 2 years | % | \$ |
| 3 years | % | \$ |
| 4 years | % | \$ |

If you need a specific maturity date, specify your requirements below (not to exceed 5 years)

Specified date _____ % \$

Interest payment options

PLEASE INDICATE HOW YOUR INTEREST IS TO BE PAID
 (TICK ONE BOX)

- Compounding Interest (Quarterly)
- Quarterly Cheque
- Quarterly direct credit to bank account

| BANK | BRANCH | ACCOUNT NUMBER | SUFFIX |
|------|--------|----------------|--------|
| ____ | ____ | ____ | ____ |

Account Name _____

Signature(s)

I/We have received a copy of the PDS and I/we hereby irrevocably apply for First Ranking Secured Debenture Stock as set out in this Application Form (including any lesser amount that may be allotted to me/us) upon the terms and conditions comprised within the PDS and the Debenture Trust Deed as amended and restated on the 3rd August 2022.

I/we enclose the sum of \$ _____ being payment in full on application

Signature _____ Dated _____

Signature _____ Dated _____

Please Note:

- Make cheques payable to FINANCE DIRECT LIMITED.
- Joint applications to be signed by all applicants.
- Provide photo ID(s) and verified bank account numbers.
- If signed by attorney, please attach power of attorney. If signed underpower of attorney, the attorney hereby declares that they have not had notice of the death of the donor or of the revocation of the power of attorney.
- All applications including reinvestments will be acknowledged by a letter of confirmation.
- Finance Direct Limited may from time to time wish to send holders of First Ranking Secured Debenture Stock information to do with Finance Direct Limited or its present and proposed business activities. Please tick this box if you do not want to receive this information

HOW DID YOU FIND OUT ABOUT THIS INVESTMENT?

- Press Advertising Financial Advisor Personal Referral
- Existing Investor Other

For Office Use Only

| | | | |
|-----------------------|-------------|-----------------|-----------------------|
| Current Investor No. | Date Banked | Maturity Date | Brokerage |
| Previous Investor No. | Start Date | Interest Option | ID & Bank Account No. |