

Fisher Funds KiwiSaver Scheme Direct Debit Authority



If you would like help in completing this form, please email enquiries@fisherfunds.co.nz or phone us on 0508 347 437.

Once you have completed your details, please print, sign and post the form to Fisher Funds, Private Bag 93502, Takapuna, Auckland 0740 or email to enquiries@fisherfunds.co.nz. If you are transferring from another KiwiSaver scheme, please cancel any direct debits in place with your old KiwiSaver scheme provider. Please provide proof of your bank account (bank statement, internet banking screenshot or over the counter receipt with a teller's stamp). The proof of bank account must contain the account name, number and the logo of your bank.

(For self employed and not employed wanting to make their contributions on a regular basis. Also available for employees wanting to make regular payments in addition to their 3%, 4%, 6%, 8% or 10% contribution deducted by their employer.)

Investor instructions

Investor name

Fisher Funds KiwiSaver Scheme account number (existing members)

Start date

Frequency

 Weekly Fortnightly Monthly Quarterly Annually One-Off

Amount

 (Minimum payment amount regardless of frequency is \$10) I/we have read and retained a copy of the attached product disclosure statement and agree to be bound by the terms and conditions of the Governing Document.

Please allow five business days from when we receive your application form for your direct debit to activate.

Bank instructions

Name of account to be debited

Account details

Bank/Branch

Authority to accept direct debits

(Not to operate as an assignment or agreement)

Authorisation code

0 2 1 6 9 1 2

Information to appear in my bank statement (to be completed by investor)

Payer particulars

Payer code

Payer reference

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from TEA Custodians o/a Fisher Funds Management Limited (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions listed below.

Authorised signature/s:

Date

Specific conditions relating to notices and disputes

1. I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
2. Changes to the amounts or dates of a series of direct debits require 10 days' prior notice to me.
3. I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
4. All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
5. I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
6. If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

For Bank Use Only

APPROVED 1691	
02	18

Date Received

Recorded by

Checked by

BANK STAMP
