

Fisher Funds LifeSaver Plan Direct Debit Authority

For individual investors only



If you would like help in completing the form, please phone us on **0508 347 437**, if calling from overseas **+64 9 445 3377**.

You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740, New Zealand** or email to **enquiries@fisherfunds.co.nz**. 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.

Member Details

Member name Your member number (existing members)

Start date / / Frequency Weekly Fortnightly Monthly Amount \$

Weekly and fortnightly direct debits occur on a Tuesday and monthly direct debits must occur on the 15th of the month, or the next business day.

Account Information

Name of account to be debited

Account details

Bank Branch Account number Suffix

Authority to accept direct debits
(Not to operate as an assignment or agreement)

Authorisation code
0 2 3 0 4 4 7

Bank/Branch

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 3044	Date Received	Recorded by	Checked by	BANK STAMP
06 17				

Investment payment details

- Invest my payment in line with my existing split of funds (based on my current balance)
- Invest my payment different to my existing payment strategy (based on the information below)

Name of fund	Investment amount %
Preservation Fund	%
Conservative Fund	%
New Zealand Fixed Income Fund	%
Balanced Fund	%
Growth Fund	%
Equity Fund	%
Trans Tasman Equity Fund	%
Total (percentage totals must equal 100%)	%

Authorisation and declaration

I hereby request Fisher Funds to direct my future investments in accordance with my instructions on this form and declare that:

- I am authorised to make investment decisions for this account
- I have read the current Fisher Funds LifeSaver Plan Product Disclosure Statement
- I understand that my request will be implemented as soon as practicable after receipt of this request

Signature

Date