

Direct Debit Form

Return to Freepost NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkivi@linkmarketservices.com.

1 | Receiving KiwiSaver Scheme details

NZ Funds KiwiSaver Scheme member name

| | | | |
|-------|------------|----------------|---------|
| Title | First name | Middle name(s) | Surname |
| | | | |

Member number

| | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|
| N | Z | F | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|

IRD number

| | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|

I/we authorise you until further notice in writing to debit my/our account with

| | |
|----|--|
| \$ | |
|----|--|

to be deducted

Weekly

Fortnightly

Monthly

Quarterly

Annually

Start date

| | | |
|-----|-------|------|
| Day | Month | Year |
| | | |

2 | Bank instructions

Name of my/our account to be debited (acceptor)

Name of my/our bank

Account number

| | | | |
|------|--------|----------------|--------|
| Bank | Branch | Account number | Suffix |
| | | | |

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

Authorisation code

| | | | | | | |
|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 2 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|

Approved

| | |
|------|-------|
| 2227 | 06/16 |
|------|-------|

Name

Insert name of acceptor's bank

From the acceptor to

(my/our bank:)

I/we authorise you to debit my/our account with the amounts of direct debits from NZ Funds Management Limited with the authorisation code specified on this authority in accordance with this authority until further notice.

I/we agree that this authority is subject to:

- The bank's terms and conditions that relate to my/our account, **and**
- The specific terms and conditions listed over.

Information to appear on my/our bank statement

Payer particulars

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| N | Z | F | K | I | W | I | S | A | V | E | R |
|---|---|---|---|---|---|---|---|---|---|---|---|

Continued over...

3 | Signature

Signature

Day Month Year

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
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Signature

Day Month Year

| | | | | | | | |
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Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, **or**
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:

- the dates of the debits, **and**
- the amount of each direct debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice:

- no less than 30 calendar days before the change, **or**
- if the initiator's bank agrees, no less than 10 calendar days before the change.