SIL Employer Scheme

Direct Debit Form

As an alternative to a direct debit, you can set up an automatic payment for any amount and frequency in ANZ Internet Banking. With automatic payments, there's no need for forms and you can make changes to your payments at any time.

You can email this form to **registry@anzinvestments.co.nz**. Alternatively, you can take it to any **ANZ branch**, or post it to **ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland, 1142**.

1. Your information

First name(s)

Surname

Investor number

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or agreement)

AUTHORISATION CODE

(user number)

0 1 0 8 4 4 5

2. What would you like to do? (tick one)

- ☐ I want to set up a Direct Debit
- ☐ I want to change the details of an existing Direct Debit
- ☐ I want to cancel my existing Direct Debit

3. Are you the Bank Account Holder?

- ☐ Yes (please complete sections 4, 5 and 6)
- ☐ No (please complete section 6 and get the Bank Account Holder to complete sections 4, 5 and 7)

4. Contribution details

Contribution amount $

Start date D D M M 2 0 Y Y

Frequency (tick one): ☐ weekly ☐ fortnightly ☐ monthly ☐ quarterly ☐ annually

Please allow 10 working days for the direct debit to be established.

5. Bank instructions and details of the Bank Account Holder

Name of Bank Account Holder:

Bank | Branch | Account number | Suffix

If the Bank Account Holder is not the member, please confirm his/her/their relationship with the member:

Bank and branch (hereinafter referred to as the "Bank"):

To my/our Bank Manager: I/We authorise you to debit this account with the amounts of direct debits from ANZ New Zealand Investments Limited (the initiator) with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to this account, and
- The specific terms and conditions listed over the page.

Information to appear on my/our bank statement

I N V E S T M E N T

Payee particulars

A N Z I N V E S T

Payer code

6. Your agreement

You agree and acknowledge that any correspondence relating to this Direct Debit will be sent to you.

If applicable, I have personally affixed my digital signature to this document.

Signature

Date D D M M 2 0 Y Y

7. Agreement by the Bank Account Holder (if not the member)

The Bank Account Holder consents to any correspondence relating to this Direct Debit being sent to the member.

If applicable, I have personally affixed my digital signature to this document.

Signature

Date D D M M 2 0 Y Y

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 2 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 10 calendar days before the change.

BANK USE ONLY

Approved	Date Received	Recorded By	Checked By	Bank Stamp
0844 | 11/20				

Original – Retain at Branch. Copy – Forward to Initiator if requested.