

ANZ KIWISAVER SCHEME

FORM C - DIRECT DEBIT FORM

Product disclosure statement (PDS) dated 3 November 2016



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

If you would like to set up a direct debit, you can take this completed form to an ANZ branch or post to:

ANZ KiwiSaver Scheme, ANZ Investments, Freepost 324, PO Box 7149, Wellesley Street, Auckland 1141.

1. KiwiSaver member information

First name(s)

Surname

ANZ customer (or investor) number (if known)

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or agreement)

AUTHORISATION CODE

(user number)

0 1 0 5 3 9 1

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 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 KiwiSaver member, please confirm his/her/their relationship with the KiwiSaver member:

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

To my/our Bank Manager: I/We authorise you until further notice in writing to debit my/our account with all amounts which ANZ New Zealand Investments Limited (hereinafter referred to as the "Initiator"), the registered Initiator of the above authorisation code, may initiate by direct debit. I/We acknowledge and accept that the Bank accepts this authority only on the conditions listed on the reverse of this form.

Information to appear on my/our bank statement

I N V E S T M E N T

Payer 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.

Signature

Date 2 0 Y Y

7. Agreement by the bank account holder (if not the KiwiSaver member)

The bank account holder consents to any correspondence relating to this direct debit being sent to the KiwiSaver member.

Signature

Date 2 0 Y Y

FORM

C

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Conditions of this authority

1. The Initiator:

- (a) Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated. This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically). The advance notice will include the following message:

"Unless advice to the contrary is received from you by (date*), the amount of \$..... will be directly debited to your account on (initiating date)."

*This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.

- (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- (c) May, upon receiving an "authority transfer form" (dated after the date of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority from the account identified in the authority transfer form.

2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

3. The Customer acknowledges that:

- (a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
- (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lies between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
- the accuracy of information about Direct Debits on Bank statements; and
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this Authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.
- (d) Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.

FOR BANK USE ONLY

Approved	Date Received	Recorded By	Checked By	Bank Stamp
0539 _____ 09 2013				

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