

FORM C - DIRECT DEBIT FORM



If you would like to set up a direct debit, you can email this completed form to us at registry@anzinvestments.co.nz, take it to an ANZ branch or post it to: **ANZ KiwiSaver Scheme, ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142.**

| |
|---------------|
| First Name(s) |
| Surname |

ANZ customer (or investor) number (if known)

- ☐ 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

Contribution amount \$

Start date

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

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

Name of account to be debited (acceptor):

Name of bank:

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

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|---|---|---|---|---|---|---|
| 0 | 1 | 0 | 8 | 4 | 4 | 5 |
|---|---|---|---|---|---|---|

| | |
|------|-------|
| 0844 | 08/24 |
|------|-------|

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

Date / /

FORM
C

ANZ KIWISAVER SCHEME

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 two business days before the date of the first direct debit in the series. The notice is to include:

- the date 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 five 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.

I agree to any correspondence relating to this direct debit being sent to the KiwiSaver member.

FOR BANK USE ONLY

| | | | | |
|--------------------------------------|---------------|-------------|------------|------------|
| Approved | Date Received | Recorded By | Checked By | Bank Stamp |
| <div>0844</div> <div>08 2024</div> | | | | |

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