



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

 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

 Frequency (tick one): weekly fortnightly monthly quarterly annually

Please allow 10 business 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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Payee particulars

Payer code

