

QuayStreet KiwiSaver Scheme

Direct Debit Form

Please read conditions overleaf.

CLIENT ACCOUNT NUMBER

If unknown, QuayStreet Client Services will complete.

Return via post to:

QUAYSTREET KIWISAVER SUPPORT

PO Box 13155,
Tauranga Central
Tauranga 3141.

Phone: 0800 878 278
Email: kiwistart@craigsip.com

If the Bank Account being debited is in a name other than the name of the QuayStreet KiwiSaver Scheme Account please provide details from the Bank of those persons authorised to give instructions on the Bank Account. Details should include Account Name, Account Number and name and signatures of Authorised persons.

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

This form is to be completed if you have selected to make contributions direct to your QuayStreet KiwiSaver Scheme Account from a nominated bank account.

Investment Date for Direct Debit

Please indicate the frequency and commencement date for this Direct Debit to be deducted from your account. If you require the funds to be deducted on a set day, please indicate below. If the days falls on a non-business day, the Direct Debit will take effect on the next business day.

Commencement Date: | D | D | | M | M | | Y | Y | |

Frequency of Direct Debit Weekly Monthly Quarterly 6 Monthly Annually

Day of Direct Debit (if required) Mon Tues Wed Thurs Fri

Account Name _____

Account Number | | | | | | | | | |

Authority to Accept Direct Debits

not to operate as an assignment or agreement

I/we authorise you until further notice in writing to debit my/our account with all amounts which NZGT as Supervisor for QuayStreet KiwiSaver Scheme (herein after 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 upon the conditions listed on the rear of this form.

Name of Account *to be debited*

Account Details

| | | | | | | | | | | | | | | | | | | | | |
BANK BRANCH ACCOUNT NUMBER SUFFIX

Authorisation Code | 0 | 6 | 1 | 9 | 6 | 0 | 4 | Date | D | D | | M | M | | Y | Y | Y | Y | |

To The Bank Manager,

Bank Name _____

Bank Branch _____

Before signing this direct debit form, please ensure you have read the conditions overleaf.

Authorised Signature(s)

Full Name *first, middle and last name*

Signature _____

Date | D | D | | M | M | | Y | Y | Y | Y | |

Full Name *first, middle and last name*

Signature _____

Date | D | D | | M | M | | Y | Y | Y | Y | |

For bank use only

Approved

1960
09 2007

Date Received | D | D | | M | M | | Y | Y | Y | Y | |

Recorded By _____

Checked By _____

Bank Stamp

Conditions of this Authority to Accept Direct Debits

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 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 bank account on (initiating date).”

- (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 day 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 for the account identified in the authority transfer form.

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

2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of the 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 dispute 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:
 - (i) the accuracy of information about Direct Debits on Bank statements
 - (ii) 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 written notice correctly 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 executed 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 Debit.