



This form is only to be used if you have an existing investment in the National Bank KiwiSaver Scheme and would like to make regular contributions by direct debit.

### 1. Personal and contribution details

Mr  Mrs  Miss  Ms  Other

SURNAME

FIRST NAMES

(Referred to as "The Customer")

Date of birth  (Please reconfirm for security purposes)

Investor number

National Bank customer number

Daytime telephone

Email

IRD number

Prescribed Investor Rate (PIR) (please tick one)

10.5%  17.5%  28%

Refer to the Taxation section of the National Bank KiwiSaver Scheme Investment Statement or nationalbank.co.nz

Please tick the relevant box:

- I wish to set up a regular contribution.
- I wish to change the bank account my current regular contribution is coming from.
- I wish to alter my existing regular contribution.
- I wish to cancel my existing Direct Debit Authority.

Payment details:

Contribution amount \$

Start date\*

Frequency (please tick one)

weekly  fortnightly  monthly  quarterly  annually

Start date must be between 5th and 27th of the month

\* Please allow 10 working days for the Direct Debit Authority to be established.

**Authority to Accept Direct Debits**  
  
(Not to operate as an assignment or an agreement)

Authorisation Code (User Number)

### 2. Bank instructions

Name of account holder

Customer to complete Bank, Branch, Account Number and Suffix of Account to be debited

BANK	BRANCH	ACCOUNT NUMBER	SUFFIX
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If the direct debit payment is from a third party, please confirm the relationship between you and the third party below e.g. mother, father, employer.

To: The Bank Manager (Insert name of Bank and Branch)

BANK

BRANCH

ADDRESS (PO BOX)

TOWN/CITY

(Hereafter referred to as The Bank)

I/We authorise you until further notice in writing to debit my/our account with all amounts which

**OnePath (NZ) Limited**

(hereinafter referred to as the "Initiator"), the registered Initiator of the Authorisation Code below, 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 in my/our bank statement (Payer Reference to be completed by Initiator)**

Payer particulars

I N V E S T M E N T

Payer code

O N E P A T H

Payer reference

Your signature must appear here – Name of Account – Customer (Debtor) to complete

Authorised signature

Date

Authorised signature

Date

# 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 before (but not more than 2 calendar months) the date when the Direct Debit will be initiated. This notice will be provided either:
  - (i) in writing; or
  - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

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)."

\* 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, initiated Direct Debit 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 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 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 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 Debits.

### For Bank use only

Send to: National Bank Managed Funds, Freepost 324,  
PO Box 7149, Wellesley Street, Auckland 1141

Approved

0844	
06	2011

Original – retain at branch

Date received

DAY / MONTH / YEAR

Recorded by

\_\_\_\_\_

Checked by

\_\_\_\_\_

BANK STAMP