



Milford KiwiSaver Plan Direct Debit Form

This form should only be completed if you choose to make regular investments. Once complete please return this form to:
Milford Funds Limited, PO Box 960, Shortland Street, Auckland 1140 or via email to **transactions@milfordasset.com**

If you are transferring your KiwiSaver account to Milford and have a Direct Debit authority set up with your current provider you will need to complete the below Milford KiwiSaver Plan Direct Debit Authority to continue regular payments into your KiwiSaver account.

As an alternative to a direct debit, you can set up an automatic payment for any amount and frequency using internet banking Reference details for your deposit(s) can be found in the Milford Portal/App. With automatic payments, there's no need for forms and you can make your own changes to your payments at any time.

Investor and Contribution Details

TITLE	FIRST NAME	MIDDLE NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNT NUMBER (IF KNOWN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

What would you like to do?

- I want to set up a direct debit
- I want to change the bank account my current regular contribution is coming from

START DATE* (Please allow 15 days for direct debit to be set up)

AMOUNT (Minimum \$10)

PAYMENT FREQUENCY (Please tick one)

- Weekly
- Fortnightly
- Monthly
- Quarterly
- Annually

*If the start date you have specified (or any future direct debit dates) fall on a non-business day, then the payment will fall to the next business day.

Milford KiwiSaver Plan

Direct Debit Form (continued)

Direct Debit Authority

NAME OF BANK ACCOUNT TO BE DEBITED (MUST BE IN THE SAME NAME AS YOUR MILFORD FUNDS HOLDING)

NAME OF BANK / BRANCH

ACCOUNT NUMBER (MUST BE A NZ DOMICILED BANK ACCOUNT IN THE NAME OF THE INVESTOR)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BANK BRANCH ACCOUNT NUMBER SUFFIX

Please provide proof of this bank account, see overleaf for accepted documentation.

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

AUTHORISATION CODE

0	2	2	0	2	2	4
---	---	---	---	---	---	---

Information to appear on your bank account statement

PAYER PARTICULARS

M	I	L	F	O	R	D	K	I	W	I		
---	---	---	---	---	---	---	---	---	---	---	--	--

PAYER CODE (IRD or Account Number)

--	--	--	--	--	--	--	--	--	--	--	--	--

PAYER REFERENCE

--	--	--	--	--	--	--	--	--	--	--	--	--

Customer Authorisation to their Bank

I authorise you to debit my account with the amounts of direct debit instructions received from Milford Funds Limited ('Milford') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the specific conditions relating to notices and disputes listed on the reverse of this form.

AUTHORISED SIGNATURE/S NAME

PLEASE NOTE WE CANNOT ACCEPT ELECTRONIC SIGNATURES

NAME	SIGNATURE	DATE
		/ /

NAME	SIGNATURE	DATE
		/ /

APPROVED: 2022 <hr style="width: 80%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> 11 19 </div>	For Bank Use Only ORIGINAL - RETAIN AT BRANCH <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black; padding-bottom: 5px;">DATE RECEIVED:</td> <td style="width: 25%; border-bottom: 1px solid black; padding-bottom: 5px;">RECORDED BY:</td> <td style="width: 25%; border-bottom: 1px solid black; padding-bottom: 5px;">CHECKED BY:</td> <td style="width: 25%; text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div> BANK STAMP </td> </tr> </table>	DATE RECEIVED:	RECORDED BY:	CHECKED BY:	<div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div> BANK STAMP
DATE RECEIVED:	RECORDED BY:	CHECKED BY:	<div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div> BANK STAMP		

Milford KiwiSaver Plan

Direct Debit Form (continued)

Specific conditions relating to notices and disputes

1. I agree that Milford must give me at least 10 days' prior notice before the first Direct Debit in a series is drawn, detailing the commencement date, frequency and amount.
2. I can also agree with Milford to receive a same day notice for direct debits specifically requested by me.
3. All notices must be in writing, but can be delivered electronically, if I have agreed that with Milford.
4. I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice, before the first debit in a series or of any changes to a series, of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
5. If you dishonour a direct debit but Milford retries it within 5 business days of the original scheduled direct debit, I understand that Milford doesn't need to notify me again about that direct debit.

Proof of bank account

Must be a NZ domiciled bank account in the name of the Investor

Please provide a bank record or document that:

- Was issued within the last 12 months
- Includes bank account name
- Includes bank account number
- Includes bank account logo

Examples of this include a bank statement, letter from the bank, or mobile banking screen shot.

Checklist

Please check you have done the following before returning the form to us:

Completed all required details

Signed and dated the form

Included proof of bank account