

Milford KiwiSaver Plan Direct Debit Authority Form



This form should only be completed if you choose to make regular investments. 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.

Once complete please return this form to:

Milford KiwiSaver Plan, PO Box 960, Shortland Street, Auckland 1140 or via email to **info@milfordasset.com**

Investor Instructions

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

ACCOUNT NUMBER (if known)	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>

START DATE* (Please allow 15 days for direct debit to be set up)	AMOUNT (Minimum \$10)	PAYMENT FREQUENCY (Please tick one)
<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

*If the start date you have specified is not a business day, the direct debit authority will take effect from the next business day. If a Direct Debit payment falls on a non-business day, the payment will fall to the next business day.

Bank Instructions

NAME OF BANK ACCOUNT TO BE DEBITED
<input type="text"/>

NAME OF BANK / BRANCH
<input type="text"/>

BANK ACCOUNT NUMBER
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BANK BRANCH ACCOUNT NUMBER SUFFIX

AUTHORITY TO ACCEPT DIRECT DEBITS (Not to operate as an assignment or agreement)
AUTHORISATION CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Information to appear on your bank account statement

PAYER PARTICULARS
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PAYER CODE (IRD or Kiwisaver Member Number)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PAYER REFERENCE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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.

SIGNATURE	DATE
<input type="text"/>	<input type="text"/>

APPROVED: 2022 _____ 11 19	For Bank Use Only ORIGINAL - RETAIN AT BRANCH DATE RECEIVED: <input type="text"/> RECORDED BY: <input type="text"/> CHECKED BY: <input type="text"/>	BANK STAMP [<input type="text"/>]
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Milford KiwiSaver Plan Direct Debit Authority 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.