



Milford Investment Funds Direct Debit Authority 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**

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 (required for access to online client portal)
<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"/>

START DATE* (Please allow 15 days for direct debit to be set up)	AMOUNT
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

PAYMENT FREQUENCY (Please tick one)

Weekly Fortnightly Monthly Quarterly

*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.

To Fund:

<input type="checkbox"/> Trans-Tasman Bond Fund	<input type="checkbox"/> Balanced Fund	<input type="checkbox"/> Global Equity Fund
<input type="checkbox"/> Global Corporate Bond Fund	<input type="checkbox"/> Active Growth Fund	<input type="checkbox"/> Trans-Tasman Equity Fund
<input type="checkbox"/> Conservative Fund	<input type="checkbox"/> Australian Absolute Growth Fund	<input type="checkbox"/> Cash Fund
<input type="checkbox"/> Diversified Income Fund	<input type="checkbox"/> Aggressive Fund	

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Direct Debit Authority Form (continued)

Bank Instructions

NAME OF BANK ACCOUNT TO BE DEBITED

NAME OF BANK / BRANCH

ACCOUNT NUMBER

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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	1	7	1	5	5
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Information to appear on your bank account statement

PAYER PARTICULARS

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PAYER CODE (IRD or Account Number)

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PAYER REFERENCE

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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

		/		/		
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<p>APPROVED: 1715</p> <hr style="width: 80%; margin: 5px auto;"/> <p style="font-size: 24px; font-weight: bold; letter-spacing: 10px;">11 19</p>	<p>For Bank Use Only</p> <p>ORIGINAL - RETAIN AT BRANCH</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 25%; border: 1px solid black; padding: 2px;">DATE RECEIVED:</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">RECORDED BY:</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">CHECKED BY:</td> <td style="width: 25%; border: 1px solid black; padding: 2px; text-align: center;">BANK STAMP</td> </tr> </table>	DATE RECEIVED:	RECORDED BY:	CHECKED BY:	BANK STAMP
DATE RECEIVED:	RECORDED BY:	CHECKED BY:	BANK STAMP		

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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.

Proof of bank account

Must be one of the following:

- Bank statement dated within the last 12 months
- Bank deposit slip
- Online bank summary page or transaction history, dated within the last 12 months
- Deposit receipt, account summary or transaction receipt, dated within the last 12 months and must be stamped by the bank
- Bank correspondence with the account name and account number, dated within the last 12 months

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