

Lifestages Investment Funds Authority to Accept Direct Debits



Contributions to your Investment Funds will be allocated to your initial Investor Profile set up on your Application Form. If you wish to change your allocation please do this via the Investment Profile Change Form.

This Direct Debit is specifically for the account indicated below. Where you have more than one account a Direct Debit for each account will be required.

Account details (please print in block letters)

Account name(s) _____ Account number

F	A								
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Instruction (please tick one)

Establish a Direct Debit Amend the details of an existing Direct Debit Cancel existing Direct Debit

Contribution details

Direct Debit Start Date

DD	MM	YYYY
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 Amount \$ _____

Frequency (please tick one) Weekly Fortnightly Monthly

Please allow five business days from when we receive your completed form for your direct debit to activate.

Bank instructions

My account to be debited (acceptor) _____

Name of my bank: _____

Account number

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Bank Branch Payee's account number Suffix

Initiator's authorisation code

0	2	4	0	3	0	4
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Approved

4	0	3	0	
0	2	/	2	4

Information to appear on my/our bank statement

L	I	F	E	S	T	A	G	E	S
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I	N	V	E	S	T	F	U	N	D	S
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F	A																		
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Payer Particulars Payer Code Payer Reference

Authorisation

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from TE Registry Nominees Ltd ARF FANZ-Subscriptions (the 'Initiator') 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 terms and conditions listed on page 2.

Authorised signature _____ Date

DD	MM	YYYY
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Authorised signature _____ Date

DD	MM	YYYY
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SBS Wealth is an operating division of Funds Administration New Zealand Limited ("FANZ"). FANZ is a wholly owned subsidiary of SBS Bank.

For bank use only	Bank stamp
Approved _____	
430 _____	
02 24 _____	
Date received _____	
Recorded by _____	
Checked by _____	
Original – Retain at Branch	
Copy – Forward to Initiator if requested	

Specific conditions relating to notices and disputes

- | | |
|--|---|
| <p>1) I agree that the initiator must give me at least 10 days' notice prior to each direct debit, provided that where the direct debit is in a series, the Initiator is only required to provide 10 days' notice prior to the first direct debit in the series.</p> <p>2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.</p> <p>3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.</p> <p>4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.</p> | <p>5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:</p> <ul style="list-style-type: none"> • I didn't receive proper notice 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. <p>6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.</p> |
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Return form

Please return the completed form and any requested supporting documents to us by email at contact@lifestages.co.nz