

PERSONAL SUPERANNUATION SCHEME

Direct Debit Form

Please send this completed form and supporting documents to:

lifetime@linkmarketservices.com

Lifetime Asset Management,
PO Box 91976, Victoria Street West,
Auckland 1142.

If you have any questions when completing this form, please call Customer Services on 0800 266 268.

Adminis Custodial Nominees Limited are the custodial nominee of the Personal Superannuation Scheme and will be the initiator of the direct debit.

Instructions to Lifetime

Frequency amount: Select the frequency: Start date
Fortnightly Monthly

Bank instructions

Name (of bank account) Authority to accept Direct Debit (not to operate as an assignment or agreement).

Bank account from which payments to be made

Bank Branch Account Suffix

Authorisation code: 0 2 3 9 4 4 7

(Please attach an encoded deposit slip to ensure your account number is loaded correctly)

To: The Bank Manager

Bank Branch Town/city

I/We authorise you until further notice, to debit my/our account with all amounts which Adminis Custodial Nominees Limited ANF Personal Superannuation Scheme (herein referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We agree that this authority is subject to the bank's terms and conditions that relate to my account, and the specific terms and conditions listed below.

Information to appear on my/our bank statement

Payer particulars Payer code Plan/Policy Number
P S S P S S

Your signature(s) (bank account holder(s) to complete)

Date

For bank use only

| | | | | |
|--|-----------------------------|-----------------------------------|--------------|--|
| Approved <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 3944 09/23 </div> | Original – retain at branch | Date received: Checked by: | Recorded by: | Bank stamp <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
|--|-----------------------------|-----------------------------------|--------------|--|

Conditions

- You may ask your bank to reverse a direct debit up to 120 calendar days after the debit if:
- You don't receive a written notice of the amount and date of each direct debit from the initiator, or
 - You receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:

- The dates of the debits, and
- The amount of each direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 30 calendar days before the change. You can also agree with the initiator to receive a same day notice for direct debits specifically requested by you.

If the bank dishonours a direct debit but the initiator sends the direct debit again once within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.