

FISHER FUNDS MANAGED FUNDS DIRECT DEBIT AUTHORITY FORM

If you would like help in completing this form, please email **enquiries@fisherfunds.co.nz** or phone us on **0508 FISHER (0508 347 437).**

You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to Fisher Funds, Private Bag 93502, Takapuna, Auckland 0740 or email to enquiries@fisherfunds.co.nz.

nvestor instructions						
r name/Name of entity Your account number (existing investors)						
F I						
Start date Frequency						
/ / Weekly Fortnightly Monthly Quarterly A	Annua	lly	One	-Off		
Amount						
\$ Please complete investment payment details on page 2 I/we have read and retained a copy disclosure statement and agree to be conditions of the Governing Document Occurrence Docum	be bou					
Bank instructions						
Name of account to be debited						
			ORITY TO			
Account details			RECT DE			
Bank Branch Account number Suffix	(Not to operate as an assignment or agreement) Authorisation code					
Bank/Branch	0 3) 1	7 1 4	1 7		
	0 2	. 1	/ 1 -	† /		
nformation to appear in my bank statement (To be completed by Investor)						
Payer particulars Payer code						
F I S H E R F U N D S						
Payer reference						
From the acceptor to my bank:						
authorise you to debit my account with the amounts of direct debit instructions received from TEA Custodians c.imited (the 'Initiator') with the authorisation code specified on this authority and in accordance with this author						
agree that this authority is subject to:	ity uii	rui ti	iei notice	: II OIII IIIe.		
my bank's terms and conditions that relate to my account, and						
the terms and conditions listed below.						
Authorised signature/s:	Date	:				
		/	/			
		,				
Specific conditions relating to notices and disputes						
1) Lagree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct 5) Lcan also ask you to reverse a direct de	bit up to	120 davs	after the dire	ect debit if:		
debit in a series. "I didn't receive proper notice of the a	imount a	nd date o	f the direct de	ebit, or		
3) I can also agree with the Initiator to receive a same day notice for direct debits specifically or date on the notice.						
requested by me. 6) If you dishonour a direct debit but the I 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator. original direct debit, I understand that						
For Bank Use Only						
Date Received Recorded by Checked by						
APPROVED			BANK			
1714			TAMP			
02 18 Original - Retain at branch			17 (11)			

- Forward to initiator if requested

Investment payment details								
	Invest my payment in line with my existing split of funds (based on my current balance)							
Invest my payment different to my existing investment strategy (based on the information below)								
	Fund	Investment Amoui	nt %					
	Income Fund		%					
	Property & Infrastructure Fund]%					
	New Zealand Growth Fund]%					
	Australian Growth Fund		%					
	International Growth Fund		%					
	Conservative Fund		%					
	Growth Fund		%					
	Total (must add to 100%)		%					
Authorisation and Declaration								
I hereby request Fisher Funds to direct my future investments in accordance with my instructions on this form and declare that:								
» I am authorised to make investment decisions for this account								
»	» I have read the current Fisher Funds Managed Funds Product Disclosure Statement							
>>	» I understand that my request will be implemented as soon as practicable after receipt of this request							
Signat	ture			Date				