

# ONEANSWER MULTI-ASSET-CLASS FUNDS

## FORM 3 - DIRECT DEBIT FORM

Product disclosure statement (PDS) dated 10 August 2018



Post this form to: **ANZ Investments, Freepost 324, PO Box 7149, Wellesley Street, Auckland 1141**, or email to **service@anzinvestments.co.nz**.  
If you are emailing us these forms, you do not need to post them to us.

### 1. Investor information

First Name(s)
Surname
First Name(s)
Surname
<b>or</b> Company/Trust/Partnership/Estate name:

ANZ customer (or investor) number  (if known)

### 2. What would you like to do? (tick one)

I want to set up a direct debit     I want to set up a one-off direct debit     I want to change the details of an existing direct debit  
 I want to cancel my existing direct debit

### 3. Contribution details

Contribution amount \$       Start date 

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Frequency (tick one)     one-off     fortnightly     monthly     quarterly

Please allow 10 working days for the direct debit to be established.

### 4. Direct Debit Authority (to be completed by the bank account holder)

Name of my account to be debited (acceptor):

Name of my bank:

Bank	Branch	Account	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Initiator's Authorisation Code

0	1	0	8	4	4	5
---	---	---	---	---	---	---

Approved

0844	06/18
------	-------

From the acceptor to  (my bank):  
insert name of acceptor's bank

I authorise you to debit this account with the amounts of direct debits from **ANZ New Zealand Investments Limited** (the initiator) with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to this account, and
- The specific terms and conditions listed over the page.

Authorised signature/s:

\_\_\_\_\_ Date 

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

FORM  
**3**

