

ONEANSWER SINGLE-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
or 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
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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
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Approved

0844	06/18
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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
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FORM
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