

This completed Direct Debit Form (if applicable) should be returned to your nearest Craigs Investment Partners branch or to:

kiwiSTART®
Craigs Investment Partners Limited
Freepost 366
PO Box 13155
Tauranga 3141

Tel. 0800 878 278

Where the Bank Account being debited is in a name, other than the name of the Craigs Investment Partners Account, please provide details from the Bank of those persons authorised to give instructions on the Bank Account. Details should include Account Name, Account Number and name and signatures of Authorised persons.

Your investment date should match your contribution investment date in section E.

kiwiSTART® Defined Client Account Number If unknown, Craigs Investment Partners to complete.

CLIENT ACCOUNT No.

INVESTMENT ADVISER

Please read conditions overleaf.

This form is to be completed if you have selected to make contributions direct to your kiwiSTART® Defined Account from a nominated account in section E.

Authority to Accept Direct Debits

(Not to operate as an assignment or agreement)

Name of Account (to be debited) |

Account Details

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

Authorisation Code | 0 | 6 | 1 | 9 | 6 | 0 | 4 |

Date |

DAY

MONTH

YEAR

To The Bank Manager,

Bank Name |

Bank Branch |

I/We authorise you until further notice in writing to debit my/our account with all amounts which Craigs Investment Partners, the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the Bank accepts this Authority only upon the conditions listed on the rear of this form.

Investment Date for Direct Debit

Please indicate the day of the month you would like this Direct Debit to be deducted from your account. If this day falls on a non business day, the Direct Debit will take effect on the next business day.

Investment date 5th 10th 15th 20th 25th

kiwiSTART® Defined Account Name:

kiwiSTART® Defined Account Number:

Before signing this direct debit form please ensure you have read the conditions overleaf.

Authorised Signature(s):

Name |

Signature |

Date |

DAY

MONTH

YEAR

Name |

Signature |

Date |

DAY

MONTH

YEAR

FOR BANK USE ONLY

Date Received |

APPROVED

BANK STAMP

Recorded By |

1859

Checked By |

10 2006

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

- (a) Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. This notice will be provided either:
 - (i) in writing; or
 - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

The notice will include the following message:

The amount of \$..... was direct debited to your bank account on (initiating date)

- (b) May, upon the relationship, which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- (c) May, upon receiving an "authority transfer form" (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority for the account identified in the authority transfer form.

2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of the termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank. PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

- (a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy, or other revocation of this Authority until actual notice of such event is received by the Bank.
- (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other dispute lies between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:
 - (i) the accuracy of information about Direct Debits on Bank statements
 - (ii) any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this Authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time to time.
- (d) Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debit.