

**1. Personal and contribution details**

Title  Mr  Mrs  Miss  Ms  Dr

First names

Surname

ASB KiwiSaver Scheme member number (if known)  
**A S B K S**

Telephone home  Email

Date of birth  (Please reconfirm for security purposes)

**What I'd like to do**

I wish to set up a regular contribution.  I wish to change the bank account my current regular contribution is coming from.  I wish to alter my existing regular contribution.

**Payment frequency**

Contribution amount  
\$

Start date

Frequency (please tick one):  
 weekly  fortnightly  monthly

**2. Tax details**

IRD number

Prescribed Investor Rate (PIR) (please tick one):  
 10.5%  17.5%  28% Refer to [ird.govt.nz/pir](http://ird.govt.nz/pir) to calculate your PIR.

**3. Authority to accept Direct Debits**

Name of my account to be debited (acceptor)  Name of my bank  Account number

Bank    Branch number    Account number    Suffix

From the acceptor to  (my bank) Authorisation code

I/We authorise you to debit my/our account with the amounts of direct debits from ASB Group 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 my account, and
  - the specific terms and conditions listed below.

**Information to appear in my/our bank statement**

Payer particulars:  Managed fund  IRD number

Interests in the ASB KiwiSaver Scheme (Scheme) are issued by ASB Group Investments Limited, a wholly owned subsidiary of ASB Bank Limited (ASB). ASB provides Scheme administration and distribution services. No person guarantees interests in the Scheme.

Authorised signature(s)

Date

**4. Specific conditions relating to notices and disputes**

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

For a series of direct debits, the initiator is required to give a written notice of the amount and date of each direct debit in the series 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.

If you have specifically requested direct debits and have agreed the amount of the direct debit, the initiator is required to give you a written notice of the amount and date of the direct debit no later than the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify you a second time of the amount and date of the direct debit.

Please return this completed form to:  
**ASB KiwiSaver Scheme, FreePost Authority ASB, PO Box 35, Shortland Street, Auckland 1140.**

**For Bank use Only**

Approved 0 0 4 1 1 / 9 2
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Date received

D	D	M	M	Y	Y	Y	Y
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Recorded by

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Checked by

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Bank stamp

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June 2021