

To set up a recurring direct debit from your bank account to SuperLife, complete this form and email it to us at superlife@superlife.co.nz or post it to us at PO Box 105262, Auckland 1143.

# **SECTION 1: PERSONAL DETAILS**

#### Member number

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)	Date of birth
First name	Surname
Home phone	Work phone
Mobile	Email

### **SECTION 2: TAX DETAILS**

IRD number (Must be supplied)	Prescribed Investor Rate (PIR) (Please tick one)				
	10.5%	17.5%	28%		

If you are unsure of your PIR please visit ird.govt.nz/pir. If you don't tell us your PIR the default rate of 28% will be used.

#### **SECTION 3: CONTRIBUTION DETAILS**

What I'd like to do (Please tick one)						
Set up a direct debit	Change the bank account an existing direct debit is paid from	Change the amount and/or frequency of an existing direct debit				
Payment to (Please tick one)						
SuperLife Invest	SuperLife Workplace Savings Scheme	SuperLife Superannuation Master Trust				
SuperLife Kiwisaver Scheme	Insurance					
Direct debit amount	Frequency (Please tick one)					
\$	Weekly	Fortnightly Monthly				
Direct debit start date						

### **SECTION 4: DIRECT DEBIT AUTHORITY**

Name	of bank			Name of bank account holder					
<b>Accou</b> Bank	nt numbe Branch	Account number	Suffix	Please attach a deposit slip or bank statement to ensure your number is loaded correctly.					
Inform	ation to a	ppear on your bank	account statement						
Payer particulars <b>SUPERLIFE</b>		APPROV	ED: <b>1827</b>	AUTHORISATION CODE					
Payer	code								
Payer ı	eference			01	15	1218275			

## **SECTION 5: AUTHORISATION TO BANK**

I/We authorise you to debit my/our account with the amounts of direct debit instructions received from the manager, Smartshares Limited (the initiator) with the authorisation code specified on this authority and in accordance with this authority until further notice. I/We agree that this authority is subject to the bank's terms and conditions that relate to my/our account, and the specific terms and conditions set out over the page.

Account holder signature(s)	Date							

#### SECTION 6: SPECIFIC TERMS AND CONDITIONS

You may ask your bank to reverse a direct debit up to 120 calendar days after the debit if you don't receive written notice of the amount and date of each direct debit from the initiator, or you receive written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give you written notice of the amount and date of each direct debit in a series of direct debits no later than 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 bank dishonours a direct debit but the initiator sends the direct debit again within five business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

**Insurance only** – 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 or, if the initiator's bank agrees, no less than ten calendar days before the change.