

[RESET FORM](#)

You can join online at amp.co.nz/joinkiwisaver

Alternatively, please email this completed form and supporting documents to kiwisaver@amp.co.nz

or post to:

AMP KiwiSaver Scheme
Freepost 170, PO Box 55
Shortland Street, Auckland 1140

AMP KiwiSaver Scheme

Application Form

Product Disclosure Statement dated:

--	--	--	--	--	--	--	--

(You can find this information on the first page of the Product Disclosure Statement)

*These sections must be completed

(a) *Your personal details

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx ☐ Dr ☐ Other

Date of birth

--	--	--	--	--	--	--	--

First names

Surname

IRD number

--	--	--	--	--	--	--	--

(Please note: We cannot process your application until we receive your IRD number.)

Prescribed Investor Rate (PIR)

☐ 10.5% ☐ 17.5% ☐ 28%

To help determine your PIR, go to amp.co.nz/pie or ird.govt.nz. If a PIR is not selected or you supply an incorrect IRD number, the default rate of 28% will apply. Inland Revenue may also instruct AMP to apply a different PIR.

Residential address

	Postcode
--	----------

Postal address (if different to residential address)

	Postcode
--	----------

Please provide at least one contact number:

Home phone

Work phone

Mobile phone

Email

For employees your contribution rate will generally be set at 3% unless you choose a different rate in section (d). For other applicants or if you would like to make a voluntary contribution see page 6 for more information.

(b) *Select your investment options

Investment option	% of contribution
Lifesteps Investment Programme	%
AMP Conservative Fund	%
AMP Moderate Fund	%
AMP Moderate Balanced Fund	%
AMP Balanced Fund	%
AMP Growth Fund	%
AMP Aggressive Fund	%
AMP Balanced Fund No.2 ¹	%
AMP Cash Fund	%
AMP NZ Fixed Interest Fund ²	%
AMP Global Fixed Interest Fund	%
AMP Australasian Shares Fund	%
AMP International Shares Fund	%
AMP International Shares Fund No.2 ³	%
Global Select Conservative Fund	%
Global Select Balanced Growth Fund	%
Global Select Growth Fund	%
Milford Conservative Fund	%
Milford Balanced Fund	%
Milford Active Growth Fund	%
Milford Aggressive Fund	%
Mercer Balanced Fund	%
SuperLife Moderate Fund ⁴	%
SuperLife Balanced Fund ⁵	%
SuperLife Growth Fund ⁶	%
Total	100%

You can choose **up to seven** investment options which must add up to 100% of contributions. If you do not want to choose your investment option(s), leave the spaces blank and you'll be automatically invested in a fund as described under 'Joining the Scheme', mentioned on the Product Disclosure Statements.

Please note: The AMP Lifesteps investment programme is age-based. Please check you have provided your correct date of birth in Section (a) as we will invest your funds in accordance with that date of birth.

¹ Formerly AMP Ethical Balanced Fund

² Formerly AMP Capital NZ Fixed Interest Fund

³ Formerly AMP Passive International Shares Fund

⁴ Formerly known as ASB Moderate Fund

⁵ Formerly known as ASB Balanced Fund

⁶ Formerly known as ASB Growth Fund

(c) *Your employment status

Please tick one of the following

I am (or the applicant is)

☐ Employed (please see section (d) and complete if applicable)

☐ Not currently employed (please complete the Identity verification form)

☐ Self-employed (please complete the Identity verification form)

☐ A minor (please complete section (g) and legal/Oranga Tamariki guardians must complete the Identity verification for applicants under 18 form)

All applicants must read section (e) and complete section (f).

(d) Your employer details (complete this section if you selected 'Employed' in section (c) above)

Employer (Company) name

If you're enrolling in an employer plan, please complete the below. If you're not sure, please ask your employer if they have an employer plan or employer chosen KiwiSaver scheme in place.

Employer plan number Employee number (if any)

Please choose the rate at which you want to contribute from your salary or wages ☐ 3% ☐ 4% ☐ 6% ☐ 8% ☐ 10%

The employee named in this application is nominated to join the plan, or to be covered by our employer chosen KiwiSaver scheme with AMP, based on the information supplied. The employer declares that the employee meets the employer's criteria for being offered membership of the plan or being covered by the arrangement.

Signature of employer

Date

--	--	--	--	--	--	--	--

Job title

If you're not enrolling in an employer plan, please complete the Identity verification form.

(e) Terms and conditions

By signing this Application Form, you, or if you're under 18, your legal guardian(s) on your behalf, agree to be bound by the AMP KiwiSaver Scheme's terms and conditions. These are set out in the current trust deed (including, if applicable, the participation agreement documenting your employer plan), Online Register Entry, Product Disclosure Statements ("PDSs"), and this Application Form.

1. I have received, read and understood the PDSs for the AMP KiwiSaver Scheme as at the date on the front of this form and, if applicable, the member's booklet for my employer plan.
2. I understand that none of the Supervisor, AMP, any related company of the Supervisor or AMP or any director of any of them, the Crown or any other person guarantees the performance or obligations of the AMP KiwiSaver Scheme.
3. I acknowledge that:
 - I. choosing an investment option (or options) is my responsibility, and that neither AMP nor the Supervisor is to be regarded as representing or implying that my investment option (or options) is appropriate for my personal circumstances; and
 - II. my choice of an investment option (or options) will be a binding direction from me to AMP.
 - III. if I fail to make a valid selection, all contributions to the AMP KiwiSaver Scheme for my benefit will be invested as described on the PDSs (or, if applicable, in accordance with the member's booklet for my employer plan).
4. I acknowledge that AMP may pay my Adviser, distributor or another intermediary a portion of the annual fund charges set out in the PDSs.
5. I confirm that I meet the eligibility criteria for joining the AMP KiwiSaver Scheme (see PDSs) (and, if applicable, for joining my employer plan as set out in the member's booklet for that plan).
6. I acknowledge that I have rights of access to, and correction of, the information held by AMP or the Supervisor of the AMP KiwiSaver Scheme subject to the provisions of the Privacy Act 2020 (as amended or superseded). I understand that the information supplied by me with this application and any other information provided in connection with my membership or my account, either by me, my employer, the Inland Revenue or any other party, will be used by AMP and the Administration Manager and/or any parties related to them to verify my identity, process this application and to administer my membership, and to operate, the AMP KiwiSaver Scheme and may be disclosed for these purposes to other parties where relevant, including the Supervisor, the Financial Markets Authority, the Inland Revenue, my employer, an adviser or other intermediary or to any other party as required. I also understand that these parties may share and disclose information to each other and any other parties for the purpose of administering my membership, and to operate, the AMP KiwiSaver Scheme. The information may also be used by AMP or third parties to offer me other products or services made available by the AMP group, and for market research purposes. I can access and if required correct my personal information by contacting AMP.
7. I consent to receiving electronic messages and information regarding the AMP KiwiSaver Scheme or any other products, services or promotions offered by AMP (or related companies of AMP) and I agree, pursuant to the Unsolicited Electronic Messages Act 2007, that the person sending any such message need not include a functional unsubscribe facility in the message.
8. If I am applying to transfer my benefit from another KiwiSaver scheme to the AMP KiwiSaver Scheme I authorise the manager or the supervisor of the transferring scheme to provide to AMP or the Supervisor any of my personal information as necessary to complete the transfer of my benefits to the Scheme.
9. I authorise AMP to disclose member information to the Financial Markets Authority as may be required from time to time under the Financial Markets Conduct Act 2013.

(f) *Signature of applicant (complete the relevant section)

1. Sign here if you're over the age of 18

Signature of applicant

Date

--	--	--	--	--	--	--	--

2. Sign here if you're aged 16 or 17

Signature of applicant

Date

--	--	--	--	--	--	--	--

Do you have an Adviser?

(i.e. an individual who is authorised to provide financial advice to you in relation to AMP products)

☐ Yes ☐ No

If **yes**, please ask your Adviser to complete the Adviser section.

Adviser use only

Adviser name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AMP Adviser code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Adviser's business name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I certify that I have completed the most recent training provided by AMP for this product, and have complied with the requirements of the Financial Markets Conduct Act 2013 and all other applicable laws.

Signature of Adviser

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(g) Signature of guardian(s) of applicant under 18 - the following declaration must be completed and signed

- ☐ Applicant is aged under 16 - **all of the legal guardian(s) must sign**. For example, if Mum and Dad are the legal guardians, then both parents must sign. If a person has a Oranga Tamariki guardian, then they must sign.¹
- ☐ Applicant is aged 16 or 17 - only one guardian or Oranga Tamariki guardian must sign.¹

I confirm that I am (or that each of us is) a legal guardian of the applicant named in section (a) and have read and accepted the 'Terms and conditions' in section (e) on behalf of the applicant. I acknowledge that I shall be entitled to instruct AMP in relation to their AMP KiwiSaver Scheme investment, until they turn 18, at which time such right shall transfer to them, and they shall have full capacity to instruct over the investment and my right shall cease.

Name of parent/guardian/Oranga Tamariki guardian:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of parent/guardian/Oranga Tamariki guardian:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of parent/guardian/Oranga Tamariki guardian:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of parent/guardian/Oranga Tamariki guardian:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

¹All parents, guardians or Oranga Tamariki guardian who sign this section must also complete the Identity verification for applicants under 18 form.

*Checklist:

Please check you have completed the form correctly

- ☐ Have you completed all sections with an *?
- ☐ If you have received financial advice on this investment, has your Adviser completed the Adviser section above?
- ☐ Have you signed and dated the application?
- ☐ If you are under the age of 16, have all legal guardians or one Oranga Tamariki guardian signed and has each completed the 'Identity verification for applicants under 18' form and attached the required documents?
- ☐ If you are aged 16 or 17, has one legal guardian or Oranga Tamariki guardian signed and completed the 'Identity verification for applicants under 18' form and attached the required documents?

If you're not enrolling in an employer plan (see details in section (d)):

- ☐ Have you completed the Identity verification form on the next page?
- ☐ Has the declaration (agent or trusted referee) been completed?
- ☐ Have you attached certified copies of identity documents **and** proof of address?

(a) Provide your identification to verify your identity and address

Full name

Proof of identity

Please complete one of the options listed below and attach copies of the requested document(s).

Please tick which document you are providing.

Option 1 ☐ ONE document from this section:

- | | |
|--|---|
| <input type="checkbox"/> NZ passport (identity page) | <input type="checkbox"/> NZ firearms license |
| <input type="checkbox"/> Overseas passport (identity page) | <input type="checkbox"/> NZ certificate of identity |

OR

Option 2 ☐ NZ driver licence **plus** ONE of the following:

- | |
|--|
| <input type="checkbox"/> Super Gold card |
| <input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government |
| <input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government |
| <input type="checkbox"/> Bank statement or IRD statement issued in your name in the last six months |

OR

Option 3 ☐ 18+ identity or Kiwi Access card **plus** ONE of the following:

- | |
|--|
| <input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government |
| <input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government |

Proof of address

Please provide one of the documents below as proof of your **residential address**. The document must be **addressed to you**, and dated within the **last six months**.

- ☐ Letter or invoice from utility company (eg electricity, gas, phone)
- ☐ Bank statement
- ☐ Insurance policy or investment portfolio document
- ☐ Current rental tenancy agreement
- ☐ Letter from government agency (eg Inland Revenue, rates bill, vehicle registration)

IMPORTANT:

- If you are providing previously certified identity documents, please ensure the documents have been certified not more than three months prior.
- Please attach only certified copies of the original documents to this form.
- If providing a certified copy of a drivers licence, please ensure both sides are certified.

(b) Certify your documents

Certifying within New Zealand

DECLARATION BY TRUSTED REFEREE, AMP EMPLOYEE OR ADVISER (CERTIFYING IN NEW ZEALAND)

- I, confirm that
- I have sighted today the original of each document identified with a tick in section (a) verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
 - The documents that have been provided represent the identity of the person named in section (a) of this form.
 - I am a **(tick one of the following)**

<input type="checkbox"/> New Zealand Lawyer	<input type="checkbox"/> Justice of the Peace
<input type="checkbox"/> Chartered Accountant	<input type="checkbox"/> Police Constable
<input type="checkbox"/> Registered Medical Doctor	<input type="checkbox"/> Registered Teacher
<input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives	
<input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court	
<input type="checkbox"/> AMP employee or Adviser (and AMP has authorised me to be its agent to conduct AML customer due diligence on its behalf)	
 - I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee, AMP employee or adviser

Dated

--	--	--	--	--	--	--	--

Certifying outside of New Zealand

When certifying documents outside of New Zealand, your trusted referee must be a person who is authorised to take **statutory declarations** under the laws of the country, state or territory where the documents are being certified.

For more guidance please contact your Adviser or AMP.

DECLARATION BY TRUSTED REFEREE (OUTSIDE NEW ZEALAND)

- I, confirm that
- I have sighted today the original of each document identified with a tick in section (a) verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
 - The documents that have been provided represent the identity of the person named in section (a) of this form.
 - I am a
 - In this capacity, I am authorised to take statutory declarations under the Laws of
 - I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

--	--	--	--	--	--	--	--



Identity verification for applicants under 18

Please complete this page only if the applicant is under 18

If you're under 16, you can't enrol yourself. Your guardians (acting jointly), or an Oranga Tamariki guardian (acting individually) will need to complete this form.

☐ Tick here if you are an Oranga Tamariki guardian.

If you're aged 16 or 17, you will need to co-sign the Application Form with one legal or Oranga Tamariki guardian in order to sign up. This ensures that your guardian or guardians can't enrol you without your consent and you can't enrol without a guardian's consent. If you don't have any guardians, you can sign up yourself.

(a) Please provide one of the following documents for the applicant:

☐ Birth certificate **OR** ☐ Passport **OR** ☐ NZ Drivers License

(b) Please have each of the legal guardian or guardians complete the following sections:

Guardian 1	Guardian 2
Full name <input type="text"/>	Full name <input type="text"/>
Date of birth <input type="text"/>	Date of birth <input type="text"/>
Home address <input type="text"/>	Home address <input type="text"/>
Relationship to applicant <input type="text"/>	Relationship to applicant <input type="text"/>

(c) Documents needed to verify guardians' identity and address (Please note the first box is for guardian 1 and the second for guardian 2)

Proof of identity

Please complete Option 1 in the table below and attach copies of the requested document (please tick which document you are providing). If you **cannot provide a document from Option 1, then complete Option 2 or 3.**

Option 1 ☐ ONE document from this section:

<input type="checkbox"/> <input type="checkbox"/> NZ passport (identity page)	<input type="checkbox"/> <input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> <input type="checkbox"/> Overseas passport (identity page)	<input type="checkbox"/> <input type="checkbox"/> NZ certificate of identity

OR

Option 2 ☐ ☐ NZ driver licence **plus** ONE of the following:

<input type="checkbox"/> <input type="checkbox"/> Super Gold card
<input type="checkbox"/> <input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government
<input type="checkbox"/> <input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> <input type="checkbox"/> Bank statement or IRD statement issued in your name in the last six months

OR

Option 3 ☐ ☐ 18+ identity or Kiwi Access card **plus** ONE of the following:

<input type="checkbox"/> <input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> <input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government

Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section. The document you supply needs to be addressed to you, and show the residential address detailed in section (b) and dated within the last six months.

The document provided can be the same for both guardians if more than one is required to complete this application.

- ☐ Letter or invoice from utility company (eg electricity, gas, phone)
- ☐ Bank statement
- ☐ Insurance policy or investment portfolio document
- ☐ Current rental tenancy agreement
- ☐ Letter from government agency (eg Inland Revenue, rates bill, vehicle registration)

IMPORTANT:

1. If you are providing previously certified identity documents, please ensure the documents have been certified not more than three months prior.
2. Please attach only certified copies of the original documents to this form.
3. If providing a certified copy of a drivers licence, please ensure both sides are certified.

Please see section (d) **Certify your documents** on the next page.

(d) Certify your documents

FULL NAME OF GUARDIAN 1

Certifying within New Zealand

DECLARATION BY TRUSTED REFEREE, AMP EMPLOYEE OR ADVISER (CERTIFYING IN NEW ZEALAND)

I, confirm that

- I have sighted today the original of each document identified with a tick in section (c) verifying the identity and address of the person named above, and attached to this statement are true copies of those documents **initialled and dated** by me.
- The documents that have been provided represent the identity of the person named above.
- I am a **(tick one of the following)**

<input type="checkbox"/> New Zealand Lawyer	<input type="checkbox"/> Justice of the Peace
<input type="checkbox"/> Chartered Accountant	<input type="checkbox"/> Police Constable
<input type="checkbox"/> Registered Medical Doctor	<input type="checkbox"/> Registered Teacher
<input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives	
<input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court	
<input type="checkbox"/> AMP employee or Adviser (and AMP has authorised me to be its agent to conduct AML customer due diligence on its behalf)	
- I am not related to and do not live at the same address as the person named above.

Signature of trusted referee, AMP employee or adviser

Dated

Certifying outside of New Zealand

When certifying documents outside of New Zealand, your trusted referee must be a person who is authorised to take **statutory declarations** under the laws of the country, state or territory where the documents are being certified.

For more guidance please contact your Adviser or AMP.

DECLARATION BY TRUSTED REFEREE (OUTSIDE NEW ZEALAND)

I, confirm that

- I have sighted today the original of each document identified with a tick in section (c) verifying the identity and address of the person named above, and attached to this statement are true copies of those documents **initialled and dated** by me.
- The documents that have been provided represent the identity of the person named above.
- I am a
- In this capacity, I am authorised to take statutory declarations under the Laws of
- I am not related to and do not live at the same address as the person named above.

Signature of trusted referee

Dated

FULL NAME OF GUARDIAN 2

Certifying within New Zealand

DECLARATION BY TRUSTED REFEREE, AMP EMPLOYEE OR ADVISER (CERTIFYING IN NEW ZEALAND)

I, confirm that

- I have sighted today the original of each document identified with a tick in section (c) verifying the identity and address of the person named above, and attached to this statement are true copies of those documents **initialled and dated** by me.
- The documents that have been provided represent the identity of the person named above.
- I am a **(tick one of the following)**

<input type="checkbox"/> New Zealand Lawyer	<input type="checkbox"/> Justice of the Peace
<input type="checkbox"/> Chartered Accountant	<input type="checkbox"/> Police Constable
<input type="checkbox"/> Registered Medical Doctor	<input type="checkbox"/> Registered Teacher
<input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives	
<input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court	
<input type="checkbox"/> AMP employee or Adviser (and AMP has authorised me to be its agent to conduct AML customer due diligence on its behalf)	
- I am not related to and do not live at the same address as the person named above.

Signature of trusted referee, AMP employee or adviser

Dated

Certifying outside of New Zealand

When certifying documents outside of New Zealand, your trusted referee must be a person who is authorised to take **statutory declarations** under the laws of the country, state or territory where the documents are being certified.

For more guidance please contact your Adviser or AMP.

DECLARATION BY TRUSTED REFEREE (OUTSIDE NEW ZEALAND)

I, confirm that

- I have sighted today the original of each document identified with a tick in section (c) verifying the identity and address of the person named above, and attached to this statement are true copies of those documents **initialled and dated** by me.
- The documents that have been provided represent the identity of the person named above.
- I am a
- In this capacity, I am authorised to take statutory declarations under the Laws of
- I am not related to and do not live at the same address as the person named above.

Signature of trusted referee

Dated



AMP KiwiSaver Scheme

Direct Debit Authority

Please email the completed form to
kiwisaver@amp.co.nz
or post to:
AMP KiwiSaver Scheme
Freepost 170, PO Box 55
Shortland Street, Auckland 1140

Use this form to arrange for your REGULAR voluntary contributions (additional to those deducted from any salary or wages) to be automatically paid direct to your AMP KiwiSaver Scheme account. These regular contributions will then be invested into your chosen fund(s). Once you're a member, you can also set up or amend a direct debit yourself online via the MyAMP portal or app.

*Member number

(Existing members only)

*IRD number

or

*Member name

Email

*Payment instructions

I want to (please tick) ☐ Set up a new direct debit ☐ Change my existing direct debit

Please select one ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Four-weekly ☐ Annual

\$ \$ \$ \$ \$

Start date

Bank instructions

Name (of bank account)

Authority to accept Direct Debit (not to operate as an assignment or agreement).

Bank account from which payments to be made:

Authorisation code:

Bank

Branch

Account

Suffix

Note: some savings accounts do not allow direct debit payments so it is preferable to provide a cheque account.

To: The bank manager

Bank

Branch

Town/city

Authorisation

I/We authorise you until further notice to debit my/our account with all amounts which AMP Wealth Management New Zealand Limited (herein referred to as the Initiator) 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 reverse side of this form.

Information to appear on my/our bank statement

Payer particulars

Payer code

Payer reference

Your signature(s) (bank account holder(s) to complete)

Date

Date

For bank use only

Approved
1365
11 2012

Original –
retain at
branch

Date received:

--	--	--	--	--	--	--	--

Recorded by:

--

Bank stamp

--

Checked by:

--

Conditions

1. The Initiator (AMP)

- a. Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first direct debit is drawn (but not more than 2 calendar months). 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
- III. Where the direct debit system is used for the collection of payments which are regular as to frequency but variable as to amounts, the Initiator undertakes to provide the Customer with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the direct debits, the Initiator has agreed to give advance notice at least 30 days before the change comes into effect. This notice must be provided either:
 - I. in writing, or
 - II. by electronic mail where the Customer has provided prior written consent to the Initiator
- 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 on 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 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 made from 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 disputes lie 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:
 - the accuracy of information about direct debits on Bank statements
 - 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 advance 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.
- f. Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

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 Debits.