lifestages

Lifestages Portfolios
Authority for Automatic Payments

Not to operate as an assignment or agreement
(Fax to 0800 734 329 and post original to Lifestages, C/- Trustees Executors, PO Box 409, Wellington 6140)

For office use

Account name | Date received

N: New / C: Change | A

Checked by | Recorded by

To the Manager

Bank name | Branch

Bank address

Please effect this Automatic Payment by debiting my/our account. Details are:

Commencement date | Frequency (tick one) ○ Fortnightly ○ Monthly

When amount is constant $ | .

Amount in words

Until (*tick one of the following) ○ * Further notice ○ *Last payment on

Name of Payee **FANZ – LIFESTAGES**

Payee's account number | 0 2 (Bank) | 0 5 0 0 (Branch) | 0 4 2 3 3 1 7 (Payee's account number) | 0 0 (Suffix)

Bank name **BNZ** | Branch **Wellington** | City **Wellington**

Complete details on reverse of form ○ (a) Variable amounts ○ (b) Bank cheque address, diary or overseas payment text ○ (b) Name if other than payer ○ (d) Amendments to constant amount

Conditions

I/We understand and accept that the Bank accepts this authority only upon the following conditions, namely:

The Bank will endeavour to effect such automatic payments without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.

The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any moneys pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.

The Bank may at any time terminate this order as to future payments by notice in writing to me/us – or without notice at any time after being advised in writing by the above named payee that no further payment is required.

This order will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the bank.

All current Bank charges for this service in force from time to time are to be added to the Payee the information that he/she requires with each payment.

NOTE TO PAYER: Before completing this authority request from the Payee the information that he/she requires with each payment.

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To appear in Trustee Executors Ltd bank statement
(where payment is by Bank Cheque do not use 'Payee Reference')

Payee particulars

Payee code

Payee reference

To appear in my/our bank statement

Payer particulars

Payer code

Payer reference

Important (please indicate)

○ This is a new authority

○ As from above commencing date, this authority replaces existing authorities for:

$. in favour of the same payee

Account name (customer to complete) | Member's signature

Other information

(a) Variable first and last payments to be made

Variable first amount **F** $. | Variable first amount in words

Variable last amount **L** $. | Variable last amount in words

(b) Bank cheque address, diary text or overseas payment text

(c) Name if other than Payer (On behalf of)

(d) Please amend the constant amount of this transfer

As from (insert date) | $.

Amount in words | Customer's signature

As from (insert date) | $.

Amount in words | Customer's signature

As from (insert date) | $.

Amount in words | Customer's signature