

AMP Life Limited ABN 84 079 300 379 (Incorporated in New South Wales, Australia) Level 21, AMP Centre, 29 Customs Street West, PO Box 55, Auckland 1140, New Zealand

Authority to accept Direct Debit Authority Form

Authority to accept Direct Debit. Not to operate as an assignment or agreement.

Daytime phone number Complete address Daytime phone number Evening phone number	Lifetrack or Bu	siness Track	τ			Authorisatio	on code	1 2 3	1 3 6	3 3	
Daytime phone number Evening phone number () Suburb Town/City Please list the policy number(s) and billing dates below: (Please list the policy number(s) and billing dates below: (Please list the policy number(s) and billing dates below: (Please list the policy number(s) and billing dates below: (Please list the policy number(s) and billing dates below: (Please list the policy number(s) and billing dates below: (Please list the policy number(s) and billing dates below: (Please list the policy number(s) and billing dates below: (Please list the policy number(s) and billing dates below: (Please list the policy number(s) and billing dates below: (Please list the policy number(s) and billing dates below: (Please list the policy number(s) and deduction (sq. 15th of the month) Frequency Regular deduction (sq. 15th of the month) Frequency Regular deduction (sq. 15th of the month) Frequency Regular deduction (sq. 15th of the month) Suffix Town/City: Town/Cit	Mr Mrs A	Λs Miss [Or Other								
Policy number	Last name	Given names									
Policy number											
Please list the policy number Amount Reason for payment (eg loan, premium) Frequency Regular deduction (eg 15th of the month)	Street address	Daytime pl	hone number	Evening phone number							
Please list the policy number Amount Reason for payment (eg loan, premium) Frequency Regular deduction (eg 15th of the month)					()			()			
Please list the policy number Amount Reason for payment (eg loan, premium) Frequency Regular deduction (eg 15th of the month)											
Policy number	Suburb Town/City										
Policy number											
Sank account details for Direct Debit Sank account from which payments are to be made: Account name Bank Branch Account Suffix Town/City: Town/City: We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, the registered initiator of the above unthorisation 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code DIRECTDEBITA AMPLIFELTD Payer reference RECTDEBITA AMPLIFELTTD Payer reference RESTRUCTOR Bank account holder(s) to complete) Date For bank use only Date received. Recorded by: Checked by: Bank Bank Bank Stamp											
Bank account from which payments are to be made: Account name Bank Branch Account Suffix Town/City: Town/City: We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C B N D Four signature(s) (Bank account holder(s) to complete) Date Date Date Date Date Approved 1363 Bank Bank stamp Bank stamp Bank stamp	Policy number	licy number Amount Reason for pa		yment (eg loan, premium)		Frequency	Regul	Regular deduction (eg 15th of the month)			
Bank account from which payments are to be made: Account name Bank Branch Account Suffix Town/City: Town/City: We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C B N D Four signature(s) (Bank account holder(s) to complete) Date Date Date Date Date Approved 1363 Bank Bank stamp Bank stamp Bank stamp											
Bank account from which payments are to be made: Account name Bank Branch Account Suffix Town/City: Town/City: We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C B N D Four signature(s) (Bank account holder(s) to complete) Date Date Date Date Date Approved 1363 Bank Bank stamp Bank stamp Bank stamp											
Bank account from which payments are to be made: Account name Bank Branch Account Suffix Town/City: Town/City: We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C B N D Four signature(s) (Bank account holder(s) to complete) Date Date Date Date Date Approved 1363 Bank Bank stamp Bank stamp Bank stamp											
Bank account from which payments are to be made: Account name Bank Branch Account Suffix Town/City: Town/City: We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C B N D Four signature(s) (Bank account holder(s) to complete) Date Date Date Date Date Approved 1363 Bank Bank stamp Bank stamp Bank stamp											
Bank account from which payments are to be made: Account name Bank Branch Account Suffix Town/City: Town/City: We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C B N D Four signature(s) (Bank account holder(s) to complete) Date Date Date Date Date Approved 1363 Bank Bank stamp Bank stamp Bank stamp											
Bank account from which payments are to be made: Account name Bank Branch Account Suffix Town/City: Town/City: We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C B N D Four signature(s) (Bank account holder(s) to complete) Date Date Date Date Date Approved 1363 Bank Bank stamp Bank stamp Bank stamp											
Bank account from which payments are to be made: Account name Bank Branch Account Suffix Town/City: Town/City: We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C B N D Four signature(s) (Bank account holder(s) to complete) Date Date Date Date Date Approved 1363 Bank Bank stamp Bank stamp Bank stamp	Bank account details f	for Direct Debit									
Recorded by: Bank Branch Account Suffix			a mada.								
To the bank manager Branch name: Branch name: Town/City: //We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C E N O Your signature(s) (Bank account holder(s) to complete) Date For bank use only Date received: Recorded by: Checked by: Approved 1363 Bank stamp Bank stamp		in payments are to t	e made:	Bank	Branch	Accoun	t		Suffix	'	
Branch name: Branch name: Town/City: //We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, the registered initiator of the above nuthorisation 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code DIRECTDEBITAMPLLIFELLTD Payer reference REPARENCES NO Four signature(s) (Bank account holder(s) to complete) Date Date Date For bank use only Date received: Recorded by: Checked by: Bank Bank stamp Approved 1363											
Branch name: Branch name: Town/City: //We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, the registered initiator of the above nuthorisation 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 of this form. Information to appear on my/our bank statement Payer particulars Payer code DIRECTDEBITAMPLLIFELLTD Payer reference REPARENCES NO Four signature(s) (Bank account holder(s) to complete) Date Date Date For bank use only Date received: Recorded by: Checked by: Bank Bank stamp Approved 1363											
/We authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, 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 of this form. Information to appear on my/our bank statement Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C E N D AMP L I F E L T D Payer reference D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y D M M Y Y Y Y Y Y D M M Y Y Y Y Y Y D M M Y Y Y Y Y Y D M M Y Y Y Y Y Y Y Y D M M Y Y Y Y Y Y Y Y Y D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	_	Branch	name.		Town/City						
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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C E N D For bank use only Date received: Recorded by: Checked by: Bank Bank stamp Approved 1363	bunk nume.	Dianer	Thame.		lown, city.						
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 of this form. Information to appear on my/our bank statement Payer particulars Payer code D I R E C T D E B I T A M P L I F E L T D Payer reference R E F E R E N C E N D For bank use only Date received: Recorded by: Checked by: Bank Bank stamp Approved 1363	1/4/ 11 : 1:1	6 11 11	/			AAAD LIG LI II		1 1 11 11			
Payer code DIRECT DEBIT AMPLIFELLTD Payer reference REFERENCENDO Cour signature(s) (Bank account holder(s) to complete) Date Date For bank use only Date received: Recorded by: Approved 1363	authorisation code, may	initiate by direct deb									
Payer reference RERRA GENO (our signature(s) (Bank account holder(s) to complete) Date Date For bank use only Date received: Recorded by: Approved 1363	Information to appear o	n my/our bank state	ement								
Payer reference R E F E R E N C E N O /our signature(s) (Bank account holder(s) to complete) Date /our signature(s) (Bank account holder(s) to complete) Date For bank use only Approved 1363	Payer particulars		Р	ayer code							
Cour signature(s) (Bank account holder(s) to complete) Date Date	D I R E C	T D E	BIT	A M I	PL	I F E	L T	D			
For bank use only Date received: Recorded by: Bank Approved 1363 Approved	Payer reference										
For bank use only Date received: Recorded by: Bank Approved 1363 Approved	R E F E R	E N C E	N O								
For bank use only Date received: Recorded by: Bank Approved 1363 Approved	Your signature(s) (Bank ac	count holder(s) to comp	lete)		Date						
For bank use only Date received: Recorded by: Bank Bank stamp Approved 1363	10 a. 3.8.1 a.ca. e (3) (3 a.i.i. a.c	esame menaen(s) to comp				ΛΛ	VV	7			
For bank use only Date received: Recorded by: Checked by: Bank Bank stamp Approved 1363						17/1					
For bank use only Date received: Recorded by: Checked by: Bank Bank stamp Approved 1363	Your signature(s) (Bank ac	count holder(s) to comp	lete)		Date						
Bank Bank stamp Approved 1363	<u> </u>		·		D D	M M Y Y	YY	7			
Bank Bank stamp Approved 1363											
Bank Bank stamp Approved 1363	For bank use only Date r	received:		Recorded	by:		Checked	by:			
Bank Bank stamp Approved 1363	D		YYY					,			
Approved 1363				Bank			Bank sta	mp			

Conditions of this Direct Debit Authority

1. The Initiator

- 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 any other means which provides a verifiable record of the initiated transaction and where the Customer has provided prior written consent to the Initiator.

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 Acceptor 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 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 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.