

FISHER FUNDS PREMIUM SERVICE DIRECT DEBIT AUTHORITY FORM

If you would like help in completing this form, please email premium@fisherfunds.co.nz or phone us on 0508 FISHER (0508 347 437).

Please post this form to Fisher Funds, Private Bag 93502, Takapuna, Auckland 0740 or email to premium@fisherfunds.co.nz.

SECTION 1 – Investor instructions

Investor name / Name of entity Your account number (existing investors) P S

Start date / / Frequency Weekly Fortnightly Monthly Quarterly Annually One-Off

Amount \$ Please complete investment payment details on page 2 I/we have read and retained a copy of the product disclosure statement and agree to be bound by the terms and conditions of the Governing Document.

SECTION 2 – Bank instructions

Name of account to be debited

Account details

Bank Branch Account number Suffix

Bank/branch

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or agreement)

Authorisation code

0 2 1 7 1 4 7

SECTION 3 – Information to appear in my bank statement (To be completed by Investor)

Payer particulars F I S H E R F U N D S Payer code P R E M I U M

Payer reference

SECTION 4 – From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from TEA Custodians o/a Fisher Funds Management Limited (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me. I agree that this authority is subject to my bank's terms and conditions that relate to my account, and the terms and conditions listed below.

Authorised signature/s: Date / /

Specific conditions relating to notices and disputes

- 1) I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
- 2) Changes to the amounts or dates of a series of direct debits require 10 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - » I didn't receive proper notice of the amount and date of the direct debit, or
 - » I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

For Bank Use Only

| | | | | |
|--|---------------|-------------|------------|------------------------------|
| <p>APPROVED 1714</p> <hr/> <p>02 18</p> | Date Received | Recorded by | Checked by | <p>BANK STAMP</p> |
|--|---------------|-------------|------------|------------------------------|

Original - Retain at branch
Copy - Forward to initiator if requested

Investment payment details

Invest my payment in line with my existing split of funds (based on my current balance)

Invest my payment different to my existing investment strategy (based on the information below)

| Fund | Investment Amount % |
|--|------------------------|
| Premium Income Fund | <input type="text"/> % |
| Premium Property & Infrastructure Fund | <input type="text"/> % |
| Premium New Zealand Fund | <input type="text"/> % |
| Premium Australian Fund | <input type="text"/> % |
| Premium International Fund | <input type="text"/> % |
| Total (must add to 100%) | <input type="text"/> % |

Authorisation and Declaration

I hereby request Fisher Funds to direct my future investments in accordance with my instructions on this form and declare that:

- » I am authorised to make investment decisions for this account
- » I have read the current Fisher Funds Premium Service Product Disclosure Statement
- » I understand that my request will be implemented as soon as practicable after receipt of this request

Signature

Date