



Additional regular contributions form

Summer
KiwiSaver Scheme
My Plan

Complete this form and return it (along with a completed **Authority to accept direct debits form**, unless you have already provided this) to **Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.**

Change to an existing direct debit New direct debit

My details: If you are a parent/guardian completing this form on behalf of a minor please provide their details.

My details

Full name:

Additional regular contribution details

Please tell us how you would like this additional regular contribution structured.

Regular contribution: A minimum direct debit value may apply please contact us for more information.

Amount: \$ Date of first Direct Debit:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

Frequency:

Weekly Fortnightly Monthly Quarterly Annually

Please allow 10 business days from when we receive your additional regular contributions form for your direct debit to activate.

Agreement and signature

I agree that where I make regular scheduled contributions via direct debit, you may notify me at the outset of your intention to debit my account as instructed until further notice, and not on each initiation of a direct debit payment.

Signature: Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

For Office Use Only:

Account number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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