



Regular Savings Plan

Please complete form in BLACK INK using CAPITAL letters.

| | | | | | |
|---|---|---|---|---|---|
| 1 | ACCOUNT NUMBER | | | | |
| | <input style="width: 100%;" type="text"/> | | | | |
| 2 | ACCOUNT NAME (IN FULL) | | | | |
| | <input style="width: 100%;" type="text"/> | | | | |
| 3 | ACTION TO BE TAKEN | | | | |
| | <input type="checkbox"/> New Direct Debit. Go to section 4 <input type="checkbox"/> Amend existing Direct Debit. Go to section 6 <input type="checkbox"/> Cancellation. Go to section 7 | | | | |
| 4 | NEW PAYMENT DETAILS | | | | |
| | Initial Investment Amount \$ <input style="width: 100px;" type="text"/> Single deposit to be made on <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 100px;" type="text"/> OR Immediately <input type="checkbox"/> Regular Investment Amount \$ <input style="width: 100px;" type="text"/> First deposit to be made on <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 100px;" type="text"/> Then on the <input style="width: 40px;" type="text"/> day of each (please tick) <input type="checkbox"/> week <input type="checkbox"/> fortnight <input type="checkbox"/> month <input type="checkbox"/> quarter Last payment to be made on <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 100px;" type="text"/> OR until further notice <input type="checkbox"/> <i>If you do not choose default will be until further notice</i> | | | | |
| 5 | DETAILS OF ACCOUNT TO BE DEBITED | | | | |
| | Bank, building society or credit union name <input style="width: 100%;" type="text"/> Branch number (BSB) Account number/membership number <input style="width: 150px;" type="text"/> <input style="width: 200px;" type="text"/> Account name <input style="width: 100%;" type="text"/> Please attach a copy of your Bank Statement (no more than six months old) for this account | | | | |
| 6 | AMEND EXISTING REGULAR DEPOSIT | | | | |
| | Previous amount \$ <input style="width: 100px;" type="text"/> New amount \$ <input style="width: 100px;" type="text"/> Effective date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 100px;" type="text"/> Complete any change of Bank Account details to be debited in Section 5 | | | | |
| 7 | CANCEL EXISTING REGULAR DEPOSIT | | | | |
| | Payee <input style="width: 100%;" type="text"/> Amount \$ <input style="width: 100px;" type="text"/> Next due date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 100px;" type="text"/> | | | | |
| 8 | SIGNATURES | | | | |
| | I/We request you initiate debits from my/our Account as set out above, for credit of my Select CMA. I/We confirm that I/we have read and understood the Select CMA Terms and Conditions including my/our Direct Debit Service Agreement with DDH Graham Limited set out in those terms and conditions and I/we understand that DDH Graham Limited accepts this request in accordance with that Direct Debit Service Agreement. | | | | |
| | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Signature <input style="width: 100%; height: 40px;" type="text"/> Name <input style="width: 100%;" type="text"/> </td> <td style="width: 50%; vertical-align: top;"> Signature <input style="width: 100%; height: 40px;" type="text"/> Name <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="text-align: center;">Date <input style="width: 100%;" type="text"/></td> <td style="text-align: center;">Date <input style="width: 100%;" type="text"/></td> </tr> </table> | Signature <input style="width: 100%; height: 40px;" type="text"/> Name <input style="width: 100%;" type="text"/> | Signature <input style="width: 100%; height: 40px;" type="text"/> Name <input style="width: 100%;" type="text"/> | Date <input style="width: 100%;" type="text"/> | Date <input style="width: 100%;" type="text"/> |
| Signature <input style="width: 100%; height: 40px;" type="text"/> Name <input style="width: 100%;" type="text"/> | Signature <input style="width: 100%; height: 40px;" type="text"/> Name <input style="width: 100%;" type="text"/> | | | | |
| Date <input style="width: 100%;" type="text"/> | Date <input style="width: 100%;" type="text"/> | | | | |