



# Savings Plan Direct Debit Request Authority

- New Authority     Change to existing Authority  
 Cancellation of Authority

## 1. Unit holder Number, Fund and Name

- Navra Blue Chip Australian Share Retail Fund

Unit Holder Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Unit Holder Name

|  |
|--|
|  |
|--|

## 2. Investor/Trustee Name or Company

Investor/Trustee 1 or Company

|  |
|--|
|  |
|--|

Investor/Trustee 2

|  |
|--|
|  |
|--|

## 3. Direct Debit Authority

I/We authorise NavraInvest Limited (User ID 249817) until further notice in writing to arrange for funds to be debited from my/our bank account, at the financial institution identified as described in the schedule below, any amounts which NavraInvest Limited may debit or charge me/us through the Direct Debit System.

Name of financial institution

Branch Name

|  |  |
|--|--|
|  |  |
|--|--|

BSB Number

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Account Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Account Name

|  |
|--|
|  |
|--|

Amount to be debited (The minimum investment amount for a Savings Plan is \$100 per month)

\$ 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 , 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

 . 

|  |  |
|--|--|
|  |  |
|--|--|

Savings Plan Start

(month) /20

|  |  |
|--|--|
|  |  |
|--|--|

## 4. Cancellation

Please indicate the date the Savings Plan is to be cancelled:

Date Savings Plan to be cancelled completely:

/ /20

|  |
|--|
|  |
|--|

## 5. Authorisation

- I/We have read the "Savings Plan Direct Debit Request Customer Service Agreement" provided in the Product Disclosure Statement and the Savings Plan Direct Debit Request Authority form and agree with its terms and conditions;
- I/We request this arrangement to remain in force in accordance with details set out in the schedule and in compliance with the "Savings Plan Direct Debit Customer Service Agreement"

Signature and Name

|  |
|--|
|  |
|--|

Signature and Name

|  |
|--|
|  |
|--|

For corporate accounts please circle appropriate title:  
 Director    Director / Secretary    Sole Director

For corporate accounts please circle appropriate title:  
 Director    Director / Secretary

Date:

|  |
|--|
|  |
|--|

Date:

|  |
|--|
|  |
|--|

# Savings Plan Direct Debit Request Customer Service Agreement

## Navra Blue Chip Share Funds

### Savings Plan Direct Debit Request Customer Service Agreement Terms and Conditions

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Navrainvest Limited (User ID 249817) and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

#### Initial terms of the arrangement

Deductions will be made on or around the 15<sup>th</sup> of each month and will commence in the month following the acceptance of your application.

#### Our commitment to you

- We will send you a quarterly transaction statement showing your account transactions for the period an opening and closing unit holding in the Fund
- Where the due date is not a business day, we will draw the amount on the following business day
- We will give you at least 14 days notice if we need to change your direct debit arrangements
- We may charge a dishonour fee for drawings that are returned unpaid by your nominated financial institution. Where we are advised of returned drawings we will contact you to allow you to arrange an alternate payment method. We reserve the right to cancel your Savings Plan in the event that your payment is dishonoured
- We will keep all information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution

#### Your commitment to us

- You must ensure that your nominated account can accept direct debits
- You must ensure that there are sufficient funds available in the nominated account to meet the monthly debit to your account
- You must arrange a suitable alternate payment method if the debit authority is either stopped by you or by the nominated financial institution
- You must ensure that all account holders on the nominated account sign the Savings Plan direct debit request authority
- You need to let us know as soon as possible, if the nominated account is transferred or closed, or your account details changed

#### Changes to your Savings Plan Direct Debit

Any of the following changes can be submitted to us via the Savings Plan Direct Debit Request Authority form:

- Stopping a particular payment (*two forms* are to be completed: one for the cancellation and one for the new start date)
- Deferring a payment (*two forms* are to be completed: one for cancellation and one for the new start date)
- Cancelling the Savings Plan Direct Debit
- Altering the amount
- Changing the financial institution

The form can be downloaded from our website [www.navrainvest.com.au](http://www.navrainvest.com.au) or you can contact us to receive the form via post by calling us on ☎1300 656 131 or write to us via email [info@navrainvest.com.au](mailto:info@navrainvest.com.au) or fax us on 02 9087 1877.

For further information on the Savings Plan, please refer to the Navra Blue Chip Share Fund Product Disclosure Statements.

PLEASE RETAIN THIS FORM FOR FUTURE REFERENCE