



Direct Debit Request

Request and Authority to debit the account named below to pay
KeyInvest Ltd

Request and Authority to debit

Surname or company name _____

Given names or ACN/ABN _____ ("you")

request and authorise KeyInvest Ltd - Identification Number 113657 to arrange for any amount KeyInvest Ltd may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.

Insert the name and address of financial institution at which account is held

Financial institution name _____

Address _____

Insert details of account to be debited

Name in which account is held _____

BSB number |_|_|_|_| - |_|_|_|_|

Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Acknowledgment

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and KeyInvest Ltd as set out in this Request and in your Direct Debit Request Service Agreement.

Insert frequency of debits and amount

The first debit may be made on ___ / ___ / ___ and at monthly / quarterly / half yearly / annual intervals after that. Amount to be deducted \$_____.

Lump Sum Contribution - this authority is for one payment only of \$_____.

Insert your signature and address

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg Director)

Address _____

Date ___ / ___ / ___

KeyInvest Ltd

ABN 74 087 649 474 AFSL 240667

Registered Office: 49 Gawler Place, Adelaide SA 5000