



# Millinium's Regular Savings Plan Form

Please complete this form if you wish to make a Regular Savings Plan.

## 1 Investor Details mark (where necessary)

|                      |                          |                      |                          |                               |                      |                      |                      |
|----------------------|--------------------------|----------------------|--------------------------|-------------------------------|----------------------|----------------------|----------------------|
| INVESTOR 1           | Title                    | <input type="text"/> | Last Name                | <input type="text"/>          | First Name           | <input type="text"/> |                      |
| ADDRESS              |                          |                      |                          |                               |                      |                      |                      |
| <input type="text"/> |                          |                      |                          |                               |                      |                      |                      |
| SUBURB               |                          | <input type="text"/> | STATE                    | <input type="text"/>          | POSTCODE             | <input type="text"/> |                      |
| Male                 | <input type="checkbox"/> | Female               | <input type="checkbox"/> | Date of Birth<br>(dd/mm/yyyy) | <input type="text"/> | Email<br>address     | <input type="text"/> |
| Telephone<br>Home    |                          | <input type="text"/> | Telephone<br>work        | <input type="text"/>          | Mobile               | <input type="text"/> |                      |

This provides authority to debit the account named below to pay Millinium Capital Managers Limited.

|                      |                          |                      |                          |                               |                      |                      |                      |
|----------------------|--------------------------|----------------------|--------------------------|-------------------------------|----------------------|----------------------|----------------------|
| INVESTOR 2           | Title                    | <input type="text"/> | Last Name                | <input type="text"/>          | First Name           | <input type="text"/> |                      |
| ADDRESS              |                          |                      |                          |                               |                      |                      |                      |
| <input type="text"/> |                          |                      |                          |                               |                      |                      |                      |
| SUBURB               |                          | <input type="text"/> | STATE                    | <input type="text"/>          | POSTCODE             | <input type="text"/> |                      |
| Male                 | <input type="checkbox"/> | Female               | <input type="checkbox"/> | Date of Birth<br>(dd/mm/yyyy) | <input type="text"/> | Email<br>address     | <input type="text"/> |
| Telephone<br>Home    |                          | <input type="text"/> | Telephone<br>work        | <input type="text"/>          | Mobile               | <input type="text"/> |                      |

This provides authority to debit the account named below to pay Millinium Capital Managers Limited.

## Request and Authority to Debit

|                                      |                      |
|--------------------------------------|----------------------|
| Surname or company/<br>business name | <input type="text"/> |
| Given names or ACN/<br>ABN ("you")   | <input type="text"/> |

Request and authorise Millinium Capital Managers Limited to arrange for the amount nominated to be a debit or charge you 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.

## 2 Regular Savings Plan Details

A minimum amount of \$100 per month must be invested.

Amount

\$  per month.

I/We wish my/our direct debit request to commence from  15 / /  mm/yy (must be within 3 months).

### 3 Account to be debited

#### (i) Account Details

Financial Institution:

Branch

BSB:

Account Number:

Account Name:

Please refer to your financial institution or bank statement for these details. Do not use the numbers quoted on any plastic cards you hold.

Address:

Suburb

State

Postcode

### 4 Acknowledgement

By signing this direct debit request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Millinium Capital Managers Limited as set out in this request and in your direct debit request agreement.

### 5 Signature(s) and address (set out in Section 3)

Signature

Date

Signature

Date

Address:

Suburb

State

Postcode

Signature of Investor 1

Date

Signature of Investor 2

Date

### FINANCIAL PLANNER USE ONLY

Name

Phone Number

AFSL Holder

- I have explained to the investor(s) all relevant information to the investment option(s) chosen suitable to their needs, circumstances and objectives.
- I understand that any adviser service fee will be negotiated between myself and the investor.
- I remain responsible for any claim arising pursuant to my advice given my me to investor(s) named in this form and indemnify the Responsible Entity in this respect.

Financial Planner Signature

Date