

Regular Contribution Authority

Octagon Investment Funds

If you have any questions regarding this form, please contact Octagon Investment Funds on 0800 628 246.

OCT16/6/02 June 2023

Account Name:

Account Number: Please note your Octagon account number can be up to ten characters long.

Account Number:

I wish to start regular contributions to my Octagon Investment Funds on: / /
DAY MONTH YEAR

I wish to make regular contributions (as indicated below) via Direct Debit:

Frequency: Please tick one box only.

Frequency: Weekly Fortnightly Monthly 4 weekly Quarterly

Fund

Regular contribution amount:

<input type="radio"/> Enhanced Cash Fund:	<input style="width: 100%; height: 20px;" type="text"/>
<input type="radio"/> New Zealand Equities Fund:	<input style="width: 100%; height: 20px;" type="text"/>
<input type="radio"/> Australian Equities Fund:	<input style="width: 100%; height: 20px;" type="text"/>
<input type="radio"/> Listed Property Fund:	<input style="width: 100%; height: 20px;" type="text"/>
<input type="radio"/> Global Equities Fund:	<input style="width: 100%; height: 20px;" type="text"/>
<input type="radio"/> New Zealand Fixed Interest Fund:	<input style="width: 100%; height: 20px;" type="text"/>
<input type="radio"/> Income Fund:	<input style="width: 100%; height: 20px;" type="text"/>
<input type="radio"/> Balanced Fund:	<input style="width: 100%; height: 20px;" type="text"/>
<input type="radio"/> Growth Fund:	<input style="width: 100%; height: 20px;" type="text"/>

I have also completed and attached the Octagon Investment Funds Direct Debit Form.

Agreement and Signature

Name:

Signature: Date: / /
DAY MONTH YEAR

Name:

Signature: Date: / /
DAY MONTH YEAR

Name:

Signature: Date: / /
DAY MONTH YEAR

OFFICE USE ONLY
 Please email a copy of this instruction to investmentfunds@forsythbarr.co.nz to be actioned. Please scan a copy to client notes for your records



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