

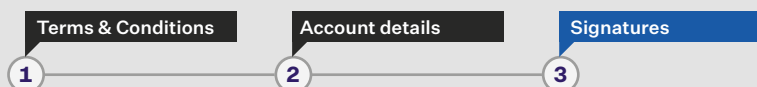
ISSUED 22 FEBRUARY 2021

# Direct Debit Authority Form

For an initial investment into a Pental fund

## Complete all relevant sections

- Use a **black** pen
- Print in clear CAPITAL letters
- Cross boxes where needed



Pental Fund Services Limited (Pental, 'our' or 'us' in this Form) ABN 13 161 249 332, AFSL No. 431426 is the responsible entity or trustee of, and issuer of units, in the Pental funds.

## 1.0 Terms and conditions

By completing this Direct Debit Authority Form, You are authorising Us to debit Your nominated bank Account and transfer the amount You request into Your initial investment in a Pental fund. The debit will be made through the Bulk Electronic Clearing System (BECS) from Your Account held at the Financial Institution You have nominated below and will be subject to the terms and conditions of this Direct Debit Authority.

### 1.1 DEBITING YOUR ACCOUNT

- You can only use this Direct Debit Authority to make an initial investment into a Pental fund – not for additional investments into Pental funds You currently hold.
- By completing this Direct Debit Authority Form, You are providing Us with the ability to debit Your nominated bank Account once Your Application has been accepted.
- We will generally debit the amount nominated from Your bank Account within three Business Days of approving Your Application.
- We will only arrange for funds to be debited from Your Account as authorised in this Direct Debit Authority.
- If the Debit Date falls on a day that is not a Business Day, We may direct Your Financial Institution to debit Your Account on the preceding Business Day.
- If You are unsure about which day Your Account has been or will be debited, please check with Us.

### 1.2 YOUR RESPONSIBILITIES

- Direct debiting may not be available on all accounts. Please check that Your Financial Institution allows direct debits on Your nominated bank Account.
- You must check that Your nominated bank Account details are correct.
- It is Your responsibility to ensure that there are sufficient clear funds available in Your Account on the Debit Date to permit Your Debit Payment to be made in accordance with this Direct Debit Authority.
- If there are insufficient clear funds in Your Account to meet Your Debit Payment:
  - You may be charged a fee and/or interest by Your Financial Institution
  - You may also incur fees or charges imposed or incurred by Us
  - You must advise Us of an alternative payment method so that We can process Your Debit Payment.
- It is Your responsibility to ensure that the authorisation given to draw on Your nominated bank Account is identical to the Account signing instruction held by Your Financial Institution where Your nominated Account is based.

### 1.3 YOUR RIGHTS

- If You have any questions or concerns about Your Direct Debit Authority, such as if You believe there has been an error in debiting Your Account, You should take the matter up with Us directly, by calling Us.

### 1.4 OUR COMMITMENT TO YOU

- If Your individual Debit Payment is declined or rejected, We will notify You.
- We will keep all information pertaining to Your Direct Debit Authority (including Your nominated bank Account details) private and confidential. We will make reasonable efforts to keep any such information that We have about You secure and to ensure that any of our employees or agents who have access to information about You do not make any unauthorised use, modification, reproduction or disclosure of that information.
- We will only disclose information that We have about You to the extent specifically required by law or for the purposes of this Direct Debit Authority – including in connection with a claim You have made relating to a debit that You believe has been made incorrectly, or wrongfully, in which case, National

Australia Bank ABN 12 004 044 937 (as our sponsor in the Bulk Electronic Clearing System) may require Us to provide this information to them in connection with Your claim to the extent necessary to resolve Your claim.

### 1.5 QUESTIONS OR CONCERNS

- If We cannot resolve Your questions or concerns, You can still refer it to Your Financial Institution which will obtain details from You about Your concerns and may lodge a claim on Your behalf.
- If We conclude as a result of our investigations that Your Account has been incorrectly debited We will respond to Your query by arranging for Your Financial Institution to adjust Your Account accordingly. We will also notify You in writing of the amount by which Your Account has been adjusted.
- If We conclude as a result of investigations that Your Account has not been incorrectly debited We will respond to Your query by providing You with reasons for this finding in writing.

### 1.6 DEFINITIONS

**Account** means the account held at Your Financial Institution from which We are authorised and able to arrange for funds to be debited.

**Business Day** means a day other than a Saturday or a Sunday or a public holiday in New South Wales.

**Debit Date** means the date when a debit is made by Us.

**Debit Payment** means a particular transaction where a debit is made.

**Direct Debit Authority** means this direct debit authority agreement between Us and You.

**Financial Institution** means the financial institution nominated by You on this Direct Debit Authority where You hold the Account that You have authorised Us to arrange to debit.

**Our, Us or We** means Pental Fund Services Limited ABN 13 161 249 332, which You have authorised by signing this Direct Debit Authority.

**You or Your** means the person(s) who has/have signed this Direct Debit Authority.

### 2.0 Account details

This bank account **must** be an Australian financial institution account in the same name as your investment Account.

**Name of Account holder**

**Name of Australian financial institution**

**Branch**

**BSB**

**Account number**

### 3.0 Signatures

By signing this Direct Debit Authority Form, I/we:

- authorise Pental to, until further notice, arrange for funds to be debited from my/our bank account at the financial institution identified above through the Bulk Electronic Clearing System
- acknowledge and agree that this direct debit arrangement is governed by the terms of this Direct Debit Authority Form.

### 3.1 Investor signature 1

**Signature**

**First name**

**Last name**

**Date**

**Director**

**Sole Director / Company Secretary**

### 3.2 Investor signature 2

If there are more than 2 required signatories, attach a separate sheet showing each signatory's first and last name, job title/role and signature.

**Signature**

**First name**

**Last name**

**Date**

**Director**

**Company Secretary**

### How to submit this form



Mail this form together with your Initial Investment Application Form.