

Regular Savings Plan



PLEASE USE THIS FORM IF YOU WOULD LIKE TO REQUEST OR GIVE AUTHORITY TO DEBIT THE ACCOUNT BELOW.

Complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1. Ensure that you have done the following:

- written your account number and account name as it appears on your latest statements
- completed **sections 2** and **3** of this form
- provided your correct bank account details
- signed the form as per the '**Signing Instructions**' in **section 6**

2. Send your documents to us.

You can return your form by email or post.

Scan and email to transactions@uethical.com

Please include your account number in the subject line of your email.

Send by post: C\ - < U Ethical >
GPO Box 804
Melbourne VIC 3001
Australia

Client Service contact details

Phone: 1800 996 888 | **Email:** info@uethical.com

1. Investor details

Account number

Account name

2. Type of Request

New Change Cancel

3. Regular Savings Plan details

Please indicate the amount you wish to be debited against the appropriate fund. Payments for U Ethical direct debits will be made on the 15th day of the month at the frequency nominated.

Fund name	AMOUNT \$	Monthly	Quarterly	Half Yearly
Wholesale				
U Ethical International Equities Trust - Wholesale		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Australian Equities Trust - Wholesale		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Growth Portfolio		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Diversified Income Trust - Wholesale		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Enhanced Income Trust - Wholesale		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Cash Management Trust - Wholesale		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail				
U Ethical Australian Equities Trust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Cash Management Trust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutional				
U Ethical Australian Equities Trust - Institutional		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Account to be debited

Direct debit authority – Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

By completing and signing this direct debit request, I/we acknowledge that I/we have access to or have received, read and understood the Non-Cash Payment PDS, the terms and conditions governing the debit arrangements as set out in Terms and Conditions section outlined below and in the Direct Debit Request service agreement.

Note: Please provide a copy of a bank statement for verification purposes.

Financial institution name

BSB

Account number

Account name

I/We request and authorise Uniting Ethical Investors Limited (User ID 622829) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by U Ethical.

Signature of primary bank account holder

Signature of joint bank account holder (if applicable)

Please print full name

Please print full name

Date (DD/MM/YYYY) / /

Date (DD/MM/YYYY) / /

5. Acknowledgment

By signing this Direct Debit Request, you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and National Australia Bank Limited as set out in this Request and in your Direct Debit Request Service Agreement. I/We consent to providing U Ethical with personal information and for U Ethical to collect, use, disclose and hold personal information in accordance with U Ethical Privacy Policy, available on uethical.com.

6. Signing instructions

By completing and signing this form, you:

- authorise us to act according to the instructions on this form,
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

Who needs to sign this form?

Individual - where the investment is in one name, the account holder must sign.

Joint Holding - where the investment is in more than one name, all account holders must sign.

Companies - where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney - if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor 1, director or authorised signatory

Date (DD/MM/YYYY) / /

Please print full name

Capacity

- | | |
|--|--------------------------|
| Director | <input type="checkbox"/> |
| Sole director and company secretary | <input type="checkbox"/> |
| Authorised signatory / Power of Attorney | <input type="checkbox"/> |

Signature of investor 2, director or authorised signatory

Date (DD/MM/YYYY) / /

Please print full name

Capacity

- | | |
|--|--------------------------|
| Director | <input type="checkbox"/> |
| Sole director and company secretary | <input type="checkbox"/> |
| Authorised signatory / Power of Attorney | <input type="checkbox"/> |