

DIRECT DEBIT AUTHORIZATION FORM

CIS NO: (Office Use Only – For Client Identification)

CIS PRODUCT: CAL ADVANTAGE BALANCED UNIT TRUST CAL BENEFIT FIXED INCOME UNIT TRUST

CLIENT INFORMATION

Please complete all portions with an asterisk (*) to instruct your Bank to make payments directly from your account, then return this form to: CAL Asset Management Company Limited, 6th Floor CalBank Tower, 23 Independence Avenue, or any of our branches near you or its identified representatives.

Please Use CAPITAL Letters

- Name of Account Holder*
- Address of Account Holder*
- Contact Number*

DIRECT DEBIT INSTRUCTIONS

- Direct Debit Type*
- Amount in Words*
- Date of First Deduction*
- Subsequent Deductions*
- Day of Every Deduction*

Variable Fixed Amount (GHS)

Daily Weekly Monthly Quarterly Yearly

(Specify Day)

Until further notice in writing

Until

CLIENT BANK DETAILS

- Name of Bank*
- Type of Account*
- Bank Account No*

(Branch)
 Current savings Other
 Sort Code

I/ We the undersigned, hereby instruct and authorize the Bank to draw against my/our account per this consent form for all direct debits the CAL Asset Management Company Limited will make on my account, originating from CAL Bank Plc subject to terms & conditions provided below. I/ We understand the amounts to be debited are (variable or fixed) and may be debited on different dates. CAL Asset Management Company Limited is hereby indemnified against any claim or liability that may arise but not limited to my/our providing the wrong Bank details, or any other error in my instruction in respect of which CAL Asset Management Company Limited acts in implementing my/our direct debit authorization.

TERMS & CONDITIONS

- The efficiency of the Direct Debit scheme is monitored and protected by all parties involved.
- This is a guarantee provided by your own Bank as a member of the ACH Scheme, in which Banks and Originators of ACH participate. If you authorize payment by Direct Debit, then CAL Asset Management Company Limited will notify you in advance of the amounts to be debited to your account.
- Your Bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorized Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged.
- You shall duly notify CAL Asset Management Company Limited in writing at least 14 days before date of next deduction if you wish to cancel this instruction.

Name* Signature* Date*

Reviewed By:

Name* Signature* Date*