

Member Direct Debit Request

You may use this form to debit your own bank account (one form is required per member). If the account you wish to debit is your employer's bank account, please use an Employer Direct Debit Request form. Please complete this form using BLOCK LETTERS and a BLACK or BLUE pen. Write X in the appropriate boxes.

1 MEMBER DETAILS

Member Number

M A P

Title Surname

Given Name(s)

Current Residential Address

City/Suburb State Postcode

Tel (Home) Tel (Work) Mobile

Email Address

2 ACCOUNT DETAILS

Name of Financial Institution

Branch Address

City/Suburb State Postcode

Account Name

Branch (BSB) Number Account Number

Office Use Only
Bank details verified

3 DIRECT DEBIT DETAILS

Direct debits will be processed on the first business day after the 16th of each month.

Member Contribution

Amount to be Debited from Account* Month to Begin (MM-YYYY)

\$

Frequency of Debit Monthly Quarterly Half Yearly Yearly

*Please note: The Fund cannot accept member contributions unless you have quoted your Tax File Number and completed section 4.

4 CONTRIBUTION ELIGIBILITY REQUIREMENT

Please note: This section is mandatory.

I am under 65 years of age.

OR

I am over 65 and under 75 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year.

Member Direct Debit Request continued

5 DIRECT DEBIT REQUEST SERVICE AGREEMENT

This Direct Debit Request (DDR) Service Agreement is issued by BNP Paribas Fund Services Australasia Pty Ltd (BNP Paribas) in its capacity as Custodian for the Medical & Associated Professions Superannuation Fund (User ID 032564).

In this agreement, any action that may be taken by BNP Paribas may be taken by the Manager, IOOF Investment Management Limited (IIML). You should direct all enquiries about your direct debit to MAP Customer Service.

Our Commitment to You

- BNP Paribas will give you at least 14 days' notice in writing if there are changes to the terms of the drawing arrangements.
- BNP Paribas and IIML will keep information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution.
- Where the due date is not a business day, BNP Paribas will draw from your nominated financial institution account on the next business day.
- Direct debits will be processed on the first business day after the 16th of each month.

Your Commitment to Us

It is your responsibility to:

- ensure your nominated account can accept direct debits
- ensure there are sufficient funds available in the nominated account to meet each drawing on the due date
- advise us if the nominated account is transferred or closed or the account details change
- arrange a suitable payment method if BNP Paribas cancels the drawing arrangements
- ensure that all account holders on the nominated financial institution account sign the Direct Debit Request form.

Your Rights

- Subject to the terms and conditions of your Fund account, you may alter the drawing arrangements. Such advice should be received by IIML at least five working days before the drawing date for any of the following:
 - stopping an individual drawing
 - deferring a drawing
 - suspending future drawings
 - altering the Direct Debit Request form
 - cancelling the drawings completely.
- Where you consider that a drawing has been initiated incorrectly, you should contact MAP Customer Service. If you are not happy with our response, you can address a formal complaint with the envelope marked 'Notice of Complaint' to the Complaints Officer, MAP Super, GPO Box 529, Hobart TAS 7001.

Other Information

- The details of your drawing arrangements are contained in the Direct Debit Request form.
- BNP Paribas reserves the right to ask that instructions from a customer to stop or in any way alter the drawing details be in a written or electronic form.
- BNP Paribas reserves the right to cancel drawing arrangements if three consecutive drawings are dishonoured by your financial institution and to arrange with you an alternate payment method.
- The terms and conditions of your Fund account also govern your drawing arrangements.
- All bank charges incurred by BNP Paribas and IIML arising from a rejection by your bank of a direct debit, processed in accordance with this Direct Debit Request form, will be payable by you.

6 REQUEST FOR DEBITING AMOUNTS TO ACCOUNTS BY THE DIRECT DEBIT SYSTEM

I/We authorise BNP Paribas as Custodian for the Medical & Associated Professions Superannuation Fund (User ID 032564) to arrange for any amount to be debited through the Bulk Electronic Clearing System from Cogent Nominees Pty Ltd ACF MAP Super, with an account held at the financial institution identified in section 2. This is subject to the terms and conditions of the DDR Service Agreement (see above) and any further instructions provided on this form.

7 MEMBER DECLARATION

Important Note: Information provided to the Trustee will only be used for the purposes specified. It may be accessed and updated by you through MAP Customer Service. It will only be disclosed to other parties where required by law (eg ATO) or to implement your request (eg financial institution). If you do not provide all of the requested information, we may not be able to action your request.

I/We consent to the collection and use of the above information by the Trustee for the purposes specified. By signing this DDR, I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between myself/us and BNP Paribas ACF MAP Super, as set out in this request and in the DDR Service Agreement.

Member/Account Holder Signature 1

Date (DD-MM-YYYY)

Account Holder Signature 2 (for joint signatory if applicable)

Date (DD-MM-YYYY)

Please forward all correspondence and queries to

Medical & Associated Professions Superannuation Fund, GPO Box 529, Hobart Tas 7001
MAP Customer Service 1800 009 921 Website www.mapsuper.com.au

Office Use Only

Contribution eligibility criteria met

Yes

No

Original documentation received