

Medical & Associated Professions Superannuation Fund

Employer Direct Debit Request

You may use this form to debit an employer's bank account for members who are in either Employer or Personal Divisions. Please complete this form using BLOCK LETTERS and a BLACK or BLUE pen. Write X in the appropriate boxes.

1 EMPLOYER DETAILS

Employer Name										Employer Number				
Postal Address														
City/Suburb										State			Postcode	
Contact Person Title					Surname									
Given Name(s)										Telephone				
Email Address														

2 ACCOUNT DETAILS

Name of Financial Institution														
Branch Address														
City/Suburb										State			Postcode	
Account Name														
Branch (BSB) Number					Account Number									

3 DIRECT DEBIT DETAILS

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

Month to Begin (MM-YYYY)			Amount to be Debited from Account*					Frequency of Debit								
			\$					Monthly		Quarterly		Half Yearly		Yearly		

*Please allocate the amount debited as listed in section 4 (if insufficient space, attach a separate Employer Direct Debit Request form).

4 CONTRIBUTION PAYMENT INFORMATION

If you do not detail contribution information, the default SG will apply.

#The MAP Superannuation Fund cannot accept member contributions unless the member has quoted their Tax File Number.

1. Member Number	Member Surname	Member Given Name(s)	Member Contribution#	Employer Salary Sacrifice	Employer Voluntary	Employer Award/SG
			\$	\$	\$	\$
2. Member Number	Member Surname	Member Given Name(s)	Member Contribution#	Employer Salary Sacrifice	Employer Voluntary	Employer Award/SG
			\$	\$	\$	\$
3. Member Number	Member Surname	Member Given Name(s)	Member Contribution#	Employer Salary Sacrifice	Employer Voluntary	Employer Award/SG
			\$	\$	\$	\$

Employer Direct Debit Request continued

4 CONTRIBUTION PAYMENT INFORMATION continued

4. Member Number	Member Surname	Member Given Name(s)	
Member Contribution#	Employer Salary Sacrifice	Employer Voluntary	Employer Award/SG
\$	\$	\$	\$

5. Member Number	Member Surname	Member Given Name(s)	
Member Contribution#	Employer Salary Sacrifice	Employer Voluntary	Employer Award/SG
\$	\$	\$	\$

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 DECLARATION

Important Note: Information provided to the Trustee will only be used for the purposes specified. It may be accessed and updated by the member 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.

Account Holder Signature 1

Account Holder Signature 2 (for joint signatory)

Date (DD-MM-YYYY)

Date (DD-MM-YYYY)

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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