

August 2020

Direct Debit Request - Personal division

Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.

You may use this form to debit your own bank account (one form is required per member).

Request type

☐

New direct debit

☐

Change to existing direct debit

☐

Direct debit cancellation

Step 1: Applicant details

Account number

Title (Dr/Mr/Mrs/Ms/Miss)

Surname

Given name(s)

Tax File Number*

*** Please provide your TFN if you have not previously provided your TFN to us.**

Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect your TFN, which will only be used for lawful purposes and in accordance with the Privacy Act 1988. It is not an offence if you choose not to provide your TFN, but providing it has its advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

Step 2: Financial institution details

Name of financial institution

Branch address

Suburb

State

Postcode

Account name

BSB

Account number

Step 3: Direct debit details

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

Month to begin / 2 0

Amount to be debited from account \$

Contribution type ☐ Personal (after tax salary or wages)* ☐ Spouse contribution

Frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐ One-off

* For information on claiming a tax deduction for personal superannuation contributions please refer to the 'Claiming a tax deduction for personal contributions' information sheet available on our website.

Step 4: Direct debit cancellation

Please cancel my direct debit from / / 2 0

Please note: We must receive your request to cancel your direct debit BEFORE the 11th of the month to ensure it can be cancelled on the date you have indicated.

Step 5: Request for debiting amounts to accounts by the direct debit system

I/We authorise Trustee via the Custodian (Australian Executor Trustees Limited ABN 84 007 869 794, AFSL 240023), (User ID 032105) to arrange for any amount to be debited through the Bulk Electronic Clearing System, with an account held at the financial institution identified in Step 2. This is subject to the terms and conditions of the DDR Service Agreement and any further instructions provided on this form. This authority allows the debiting of amounts payable by the member under the agreement between the member and the Trustee.

Step 6: Member declaration

Important note: The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at ioof.com.au/privacy.

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 IOOF, as set out in this request and in the DDR Service Agreement.

Account holder signature 1 Date / /

Account holder signature 2** Date / /

** If the bank account is held in a joint name, please ensure that both account holders sign here.

Please forward all correspondence and enquiries to

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