



FuturePlus Super

Direct Debit Request Service Agreement

Please complete in capital letters and in BLACK INK only

1. Instruction to FuturePlus Super

Please process a monthly debit on the 15th of each month from the bank account shown below of \$

Type of contribution (tick required option): Concessional Non-Concessional

2. Member details

Member no. Date of birth (dd/mm/yyyy) / /

Title (e.g. Mr/Mrs/Ms/Miss/Dr)

Family name

Given name(s)

Contact Details (postal address, telephone, email)

No./Street/PO Box

Suburb/Town/City

State/Territory Postcode Country (if outside Australia)

Phone: Home no. (inc. STD/ISD) Business no. (inc. STD/ISD)

Mobile no. Fax no. (inc. STD/ISD)

E-mail address

Residential Address

Same as Postal Address above

Different from Postal Address above – you MUST complete below

No./Street

Suburb/Town/City

State/Territory Postcode Country (if outside Australia)

3. Request to your bank for FuturePlus Super to debit your account

To: The bank manager FORM PD-C

Name of institution:

Branch address:

4. The account to be debited

Name in which the account is held

Account number Branch (BSB) number -

Note: If you wish your payment to be made to more than one account please provide the additional information on a covering letter, ensuring that all the required information, as requested above, has been included. You may only request direct payment to accounts held in your name.



5. All account holders must sign this section

I/We request until further notice in writing to debit my/our account described in the schedule above, the amount shown in section 1 of this form, which Chifley Financial Services Limited (Chifley) (ID Number 086533) may debit or charge me/us through the direct debit system. I/We agree to meet any bank charges resulting from my/our use of the direct debit system.

I/We understand and acknowledge that:

- The Financial Institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this Request or any authority or mandate.
- The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.
- I may, by prior arrangement and advice to Chifley, vary the amount or frequency of future debits, by giving 14 days notice in writing.

I/We confirm that I/we have authority to sign this Direct Debit Form by our signature below.

Signature of applicant:

Dated:

 / /

Director or Company Secretary (circle as applicable) company seal (if applicable)

Second signatory (if applicable)

Full name

Signature:

Dated:

 / /

Director or Company Secretary (circle as applicable) company seal (if applicable)

Where to send this form/enquiries

FuturePlus Super

PO Box N835

Grosvenor Place NSW 1220

website: www.futureplussuper.com.au

Phone: 1800 067 059

(8.30 am – 5.00 pm Mon – Fri)

DO NOT FAX THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED

Direct Debit Request Notes

Direct Debit is not available on all accounts and you should check with your financial institution before completing this request. It is your responsibility to have sufficient clear funds available in the relevant account by the due date. If there are insufficient clear funds on the due date, the direct debit will not occur for that month. A fee may be applied to recover the cost incurred to FuturePlus Super. You will be advised in writing that we were unable to process the direct debit. Should there be insufficient funds for three consecutive months your agreement will become invalid. If the due date for payment is not a business day, the direct debit will occur on the next business day. Should you have a query regarding an amount debited or wish to stop the Direct Debit, please put your query/request in writing and send to Member Services at the above address.

IMPORTANT NOTES

You should read the Product Disclosure Statement (PDS) before completing this form. The PDS is available from Member Services and the Fund's website.

CONTRIBUTION RULES

Concessional Contributions Cap

From 1 July 2007, any concessional contributions you or your employer make up to \$50,000 (note that this amount is indexed to Average Weekly Ordinary Times Earnings but will only increase in \$5,000 increments) a year will be taxed at 15%. If your concessional contributions exceed the \$50,000 cap in a financial year the excess will be taxed at the top marginal rate plus Medicare levy.

Non-Concessional Contributions Cap

From 1 July 2007, non-concessional contributions to super will be limited to \$150,000 (note that this amount is linked and capped at three times the concessional contribution limit) a year if you are 64 years or younger, or 65 years to 74 years old and satisfy the work test (that you are gainfully employed for at least 40 hours during a consecutive 30 day period each year a contribution is made). If you are younger than 65, you can bring forward these contributions up to a limit of \$450,000 over three years. For more information please see the PDS or contact Member Services. If you exceed the non-concessional cap, the contributions in excess of the cap will be taxed at the top marginal tax rate plus Medicare levy.

HAVE YOU PROVIDED YOUR TAX FILE NUMBER (TFN) TO THE SCHEME

If you or your employer have not provided your TFN to the Scheme by the end of a financial year, then all your concessional contributions will be taxed at the top marginal tax rate, plus Medicare levy, if they exceed \$1,000. For any accounts that begin after 1 July 2007, the \$1,000 threshold does not apply. Furthermore, your Scheme will not be able to accept any non-concessional contributions from you if we do not have your TFN.

PROTECTING YOUR PRIVACY

Some of the personal information you are requested to provide is required to establish and maintain your membership in the FuturePlus Super Fund while other information is required under Australian Government Anti-Money Laundering and Counter-Terrorism Financing measures.

The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. Full details of how this is achieved are contained in the Trustee's Privacy Policy, which is available from Member Services or the Fund's website at www.futureplussuper.com.au

TRUSTEE INFORMATION

Please note that the information contained in this document is of a general nature only and is not for personal advice and has not taken into account your personal objectives, financial situation or needs. Any advice in this document is provided by Chifley Financial Services Limited (ABN 75 053 704 706), as an Australian Financial Services Licensee (AFSL 231148). Chifley Financial Services Limited is an APRA Registrable Superannuation Entity Licensee (RSEL: L0001120) and the trustee of FuturePlus Super (ABN 76 829 356 693). FuturePlus Super is a Registered Superannuation Entity (RSE: R1004366). Chifley Financial Services Limited is co-owned by the Local Government Superannuation Scheme, the Energy Industries Superannuation Scheme and Unions NSW.

Members should not rely solely on this information and should consider their own personal objectives, financial situation and needs before acting on this information. Prior to making any decision you should obtain and consider the relevant Product Disclosure Statement (PDS) pertaining to your membership.

