



FuturePlus Super

Direct Debit Request Service Agreement

Please complete in capital letters and in BLACK INK only

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.

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

Phone: 1800 067 059
(8.30 am – 5.00 pm Mon – Fri)
website: www.futureplussuper.com.au

DO NOT FAX OR EMAIL THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED

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

Any concessional contributions you or your employer make up to the cap limit per financial year will be taxed at 15%. If your concessional contributions exceed the cap in a financial year the excess will be taxed at the top marginal rate plus the Medicare Levy. Please note that the concessional cap amount is indexed to Average Weekly Ordinary Time Earnings but will only increase in \$5,000 increments.

For the amount of the cap that applies to the current year, please see the Product Disclosure Statement available on the website or contact Member Services.

Non-concessional Contributions Cap

Non-concessional contributions to super will be limited to the non-concessional cap amount per financial year if you are 64 years or younger, or 65 years to 74 years and satisfy the work test (that is 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 up to three years worth of these contributions provided that at the end of the third year you have not contributed an amount exceeding three times the non-concessional cap. Please note that the non-concessional cap is six times the concessional contribution cap amount.

If you exceed the non-concessional cap, the contributions in excess of the cap will be taxed at the top marginal rate plus the Medicare Levy.

For the amount of the cap that applies to the current year, please see the Product Disclosure Statement available on the website or contact Member Services.

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 Fund 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 FuturePlus Super while other information is required under Australia's Anti-Money Laundering and Counter-Terrorism Financing laws.

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 website at www.futureplussuper.com.au.

TRUSTEE INFORMATION

Please note that the information contained in this document is of a general nature only and does not constitute personal advice as it does not take 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 and the trustee of FuturePlus Super (ABN 76 829 356 693). Chifley Financial Services Limited is co-owned by Energy Industries Superannuation Scheme Pty Limited (ABN 72 077 947 285), Unions NSW, Australian Workers Union (ABN 28 853 022 982 trading as the Australian Workers Union National Office) and the Australian Workers Union (ABN 70 662 384 762 trading as The Australian Workers Union Greater New South Wales Branch).

You should not rely solely on this information and you should consider your own personal objectives, financial situation and needs before acting on this information. Prior to making any investment decision you should obtain and consider the relevant Product Disclosure Statement (PDS) or other offer document and seek professional investment advice.

