

Direct Debit Request – Personal Division

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 complete an Employer Direct Debit Request.

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **✓** boxes where provided.

Request type New direct debit Change to existing direct debit Direct debit cancellation

1 Contribution eligibility requirement

Before you can make after-tax contributions to your super, you must satisfy one of the following criteria:

I am under age 65

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 and provide a valid Tax File Number¹

OR

Only mandated contributions (SG or award) will be made into this account.

1 Under the *Superannuation Industry (Supervision) Act 1993*, the Fund can not accept personal contributions unless you have quoted your Tax File Number. Please read the information on collection of Tax File Numbers (TFNs) in the Product Disclosure Statement before providing your TFN as you are not obliged to disclose your TFN, but if you do not there may also be tax consequences.

Note: If you do not meet the above criteria, please contact our client services team for further assistance before completing this form.

2 Personal member details

Member number

Title Surname

Given name(s)

Current residential address

Unit No Street No

Street name

Suburb State Postcode

Postal address (if different to above)

Street name/PO Box

Suburb State Postcode

Phone (home) Phone (work)

Mobile

Email address

3 Financial institution details

Name of financial institution

Branch address

Suburb State Postcode

Account name

Branch (BSB) number - Account number

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4 Direct debit details

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

Month to begin	<input type="text"/> / <input type="text"/>	Amount to be debited from account ¹	\$ <input type="text"/>		
Contribution type	<input type="checkbox"/> Superannuation Guarantee (SG)	<input type="checkbox"/> Additional employer	<input type="checkbox"/> Salary Sacrifice (pre tax salary or wages)	<input type="checkbox"/> Personal (after tax salary or wages)	<input type="checkbox"/> Spouse contribution
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly	<input type="checkbox"/> Yearly	

¹ The Fund cannot accept member contributions unless you have quoted your Tax File Number and completed section 1.

5 Direct debit cancellation

Please cancel my direct debit from / /

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

6 Direct debit request service agreement

This Direct Debit Request (DDR) Service Agreement is issued by IOOF Investment Management Limited (IIML) in its capacity as Custodian for the Pitcher Partners Superannuation Fund (User ID 187398).

You should direct all enquiries about your direct debit to our client services team.

Our Commitment to you

- IIML will give you at least 14 days' notice in writing if there are changes to the terms of the drawing arrangements.
- 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, IIML 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 IIML cancels the drawing arrangements
- ensure that all account holders on the nominated financial institution account sign the Direct Debit Request.

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
 - cancelling the drawings completely.
- Where you consider that a drawing has been initiated incorrectly, you should contact our client services team. If you are not happy with our response, you can address a formal complaint with the envelope marked 'Notice of Complaint' to the Superannuation Complaints Officer, JR Superannuation Fund, GPO Box 529, Hobart TAS 7001.

Other Information

- The details of your drawing arrangements are contained in the Direct Debit Request.
- IIML 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.
- IIML 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 IIML arising from a rejection by your bank of a direct debit, processed in accordance with this Direct Debit Request, will be payable by you.

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7 Request for debiting amounts to accounts by the direct debit system

I/We authorise IIML as Custodian for the Pitcher Partners Superannuation Fund (User ID 187398) to arrange for any amount to be debited through the Bulk Electronic Clearing System from IIML ACF PPS Super, with an account held at the financial institution identified in section 3. This is subject to the terms and conditions of the DDR Service Agreement (see section 6) and any further instructions provided on this form.

8 Member declaration

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be used in accordance with the Privacy Policy at www.ioof.com.au/privacy. 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 IIML ACF PPS Super, as set out in this request and in the DDR Service Agreement.

Account holder signature 1	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If you hold a joint account, please ensure the joint account holder signs here:	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account holder signature 2	<input type="text"/>									

Please forward all correspondence and queries to

Pitcher Partners Superannuation Fund, GPO Box 1144, BRISBANE QLD 4001 Email info@pitcherpartners.com.au
Client services team (07) 3222 8444 Facsimile (07) 3221 7779 Website www.pitcher.com.au/Brisbane

Office use only

Contribution eligibility criteria met Yes No Original documentation received