

Direct Debit Request Form & Agreement

This form is used when you want to arrange to pay your contributions via a direct debit from your nominated bank account.

Section 1: Your details

Member Number:	<input type="text"/>	Date of birth:	<input type="text"/>
Surname:	<input type="text"/>	Given name(s):	<input type="text"/>
Postal address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>

Section 2: Authorisation by financial institution account holder

Request to debit amount by the Direct Debit System	Date:	<input type="text"/>
Name of financial institution	<input type="text"/>	
Branch address:	<input type="text"/>	
Suburb:	<input type="text"/>	State: <input type="text"/>
		Postcode: <input type="text"/>
I/We (surname, company name or business name):	<input type="text"/>	
(Given names, ACN number or ABN):	<input type="text"/>	

I/We request you, until further notice in writing, to debit my/our account described in the schedule below, any amounts which the Fund ("the User") may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

1. The Financial Institution may in its absolute discretion determine the order of priority of payment by it of any money pursuant to this request or any authority or mandate.
2. 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.
3. The User may by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

Note: If your nominated account is a Joint account this form must be signed by both account holders named on the account.

First account holder's signature:	<input type="text"/>	Print Full Name
Account holder's address:	<input type="text"/>	
Suburb:	<input type="text"/>	State: <input type="text"/>
		Postcode: <input type="text"/>
Second account holder's signature (if required):	<input type="text"/>	Print Full Name
Second account holder's address:	<input type="text"/>	
Suburb:	<input type="text"/>	State: <input type="text"/>
		Postcode: <input type="text"/>

Section 3: The schedule

Please note that a bank document which displays the name of the account holder, BSB and account number needs to be submitted with your form. This document must be on bank letterhead or a statement and must be less than six months old from the account being debited.

Name of account to be debited:

Frequency of debit Once only OR Monthly OR Quarterly

BSB Account number Tick

Your preferred day to debit

You can nominate the preferred day of the month to debit your account, if left blank the debit will be processed on the day 15 of the month (or next business day if 15th is a weekend or public holiday).

Contribution type	Superannuation Guarantee	Employer Additional	Salary Sacrifice	Personal/Member Contribution
Amount to be debited per frequency	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Section 4: Direct Debit Service Agreement

By signing our Direct Debit Request & Agreement form you acknowledge and agree to the following terms and conditions:

This is your Direct Debit Service Agreement with Equity Trustees Superannuation Limited [ABN 50 055 641 757] as Trustee for Super Simplifier (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions:

account means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

banking day means a day other than Saturday or a Sunday or a public holiday listed throughout Australia.

debit payment means a particular transaction where a debit is made.

Direct Debit Request means the written, verbal or online request between *us* and *you* to debit funds from your account.

us or **we** means Equity Trustees Superannuation Limited [ABN 50 055 641 757] as Trustee for Super Simplifier, (the Debit User) *you* have authorised by requesting a Direct Debit Request.

you means the customer who has authorised the Direct Debit Request.

your financial institution means the financial institution at which you hold the *account* you have authorised us to debit.

1. Debiting your account

1.1 By submitting a *Direct Debit Request* you have authorised *us* to arrange for funds to be debited from *your account*. The *Direct Debit Request* and this *agreement* set out the terms of the arrangement between *us* and *you*.

1.2 We will only arrange for the funds to be debited from *your account* as authorised in the *Direct Debit Request & Agreement Form*, or *We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due.*

1.3 We will debit your account on your preferred day of the month advised by you on this request form, if no preferred day is notified, we will debit your account on the 15th day month for the frequency (monthly or quarterly) until instructed otherwise. If the *debit day* falls on a day that is not a *banking day*, we may direct *your financial institution* to debit *your account* on the *next banking day*. If you are unsure about which day *your account* has or will be debited you should ask your *financial institution*.

2. Amendments by us

2.1 We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving you at least fourteen (14) days written notice sent to the preferred email or postal address you have given us in this *Direct Debit Request Form & Agreement*.

3. How to cancel or change direct debits

You can:

- (a) Cancel or suspend the *Direct Debit Request & Agreement*; or
- (b) Change, stop or defer an individual debit payment at any time by giving us at least three (3) business days' notice.

To do so, email your request to supersimplifier@dash.com.au or call us on 1300 726 008 Monday to Friday 8.30am to 6.00pm AEST. You can also contact your own *financial institution*, which must act promptly on your instructions.

4. Your obligations

4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:

- (a) You may be charged a fee and/or interest by *your financial institution*.
- (b) We may charge you reasonable costs incurred by *us* on account of there being insufficient funds; and
- (c) You must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that we can process the *debit payment*.

4.3 You should check *your account* statement to verify that the amounts debited from *your account* are correct.

5. Dispute

- 5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify us directly on supersimplifier@dash.com.au or call us on 1300 726 008 between 8.30 am to 6.00pm AEST Monday to Friday. Alternatively, *you* can contact *your financial institution* for assistance.
- 5.2 If *we* conclude as a result of our investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging within a reasonable period for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.
- 5.3 If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

6. Accounts

You should check:

- (a) With *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- (b) *Your account* details which *you* have provided to *us* are correct by checking them against a recent account statement; and
- (c) With your financial institution before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

7. Confidentiality

- 7.1 *We* will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 *We* will only disclose information that *we* have about *you*:
 - (a) to the extent specifically required by law; or
 - (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Contacting each other

- 8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to

Super Simplifier
PO Box 3528
Tingalpa DC QLD 4173

- 8.2 *We* will notify *you* by sending a notice to the preferred address or email *you* have given *us* in the *Direct Debit Request*. Any notice will be deemed to have been received on the second *banking day* after sending.
 1. *You* authorise Equity Trustees Superannuation Limited as Trustee for Super Simplifier to debit your nominated account in the manner specified in the *Direct Debit Request*.
 2. The due date for debits to be made on your account is the 15th day of every month excluding fortnightly that is paid each fortnight from first payment.
 3. *We* will provide *you* with at least 14 days prior notice in writing if *we* propose to vary any of the terms of the debit arrangements in place between *us*.
 4. *You* will need to give *us* at least 3 working days notice in writing if *you* wish to defer or alter any of the debit arrangements.
 5. *You* will need to advise *us* in writing if *you* wish to stop a payment being processed (a Debit Item) or cancel a *Direct Debit Request*. Such notice should be delivered to *us* at least one working day before the due date for payment or as otherwise stipulated in our Terms and Conditions.
 6. If *you* wish to dispute any Debit Item, *you* should refer to *us* in the first instance and *we* will seek to resolve the matter with *you*. If *we* cannot resolve the dispute *you* can contact your financial institution at which your nominated account is held. Your financial institution will then commence a formal claims procedure on your behalf.
 7. Some financial institution accounts do not facilitate direct debits. If *you* are uncertain, *you* should check with your financial institution before signing a *Direct Debit Request*, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
 8. Before completing the *Direct Debit Request*, *you* should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
 9. *You* agree that it is your responsibility to have sufficient cleared funds in your nominated account by the due date to enable payment of Debit Items in accordance with the *Direct Debit Request*.
 10. *We* will initiate the Debit Item on the due date stated in the *Direct Debit Request* or as otherwise agreed between *us* in writing. If the due date for payment falls on a day which is not a business day in Queensland, then the Debit Item will be processed on the next business day. *You* should enquire directly with your financial institution if *you* are uncertain as to when the Debit Item will be processed to your account.
 11. If a Debit Item is returned unpaid by your financial institution, *you* authorise *us* to present a further debit for payment, notwithstanding that this may exceed the maximum amount stated in the *Direct Debit Request*. *We* may ask *you* to reimburse *Us* for any charges *We* incur as a result of your debit item being returned unpaid.
 12. *We* will ensure the details of your personal records and account details held by *Us* remain confidential. However, if *you* lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for *Us* to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.
 13. Notwithstanding this *Direct Debit Request*, the Trustee reserves the right to reject or refund contributions received where required by law to do so or where the Trustee considers it appropriate in order to manage the Fund's tax liabilities.

Please email your completed form to supersimplifier@dash.com.au

(or alternatively, *you* may post to Super Simplifier Member Administration, PO Box 3528, Tingalpa DC, Qld 4173)

We are committed to respecting the privacy of the personal information *you* give *us*.

We have published our Privacy Statement on our website at www.dash.com.au