ANZ Smart Choice Super

Direct Debit Request Form – Employer plans



11 November 2013

Customer Services

Phone 13 47 43 Email employersuper@anz.com Website anz.com/smartchoiceemployer

This form is for use by employers. It should be completed for the remittance of regular contribution amounts via direct debit. Please note that direct debiting is not available for all account types. If in doubt please check with your financial institution.

INSTRUCTIONS

- Read the Direct Debit Request (DDR) Service Agreement below.
- Complete and sign the 'Request and authority to debit' section on page 2.
- If a regular contribution amount will vary, please advise Customer Services on 13 47 43.
- Complete and sign the form and return to: ANZ Smart Choice Super GPO Box 5107 Sydney NSW 2001

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This Direct Debit Request (DDR) Service Agreement is issued by OnePath Life Limited (OnePath Life) as Administrator of the Fund, on behalf of the Trustee. You should carefully read this DDR Service Agreement before completing and signing the Direct Debit Request Form.

For all enquiries about your direct debit arrangement, contact Customer Services on 13 47 43 or write to:

ANZ Smart Choice Super, GPO Box 5107, Sydney NSW 2001

Our commitment to you

Drawing arrangements

- Where the due date falls on a non-business day, we will draw the amount on the next business day.
- We will not change any details of drawings arrangements without giving you at least 14 days written notice.
- We reserve the right to cancel the OnePath Life Ltd drawing arrangements if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method.
- We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.

Your rights

- You may terminate the OnePath Life Ltd drawing arrangements at any time by giving written notice directly to us, or through your nominated Financial Institution. Notice given to us should be received by us at least 10 business days prior to the due date.
- You may stop payment of a drawing under the OnePath Life Ltd arrangement by giving written notice directly to us, or through your nominated Financial Institution. Notice given to us should be received by us at least 10 business days prior to the due date.
- You may request change to the drawing amount and/or frequency of OnePath Life Ltd drawings by contacting us and advising your requirements no less than 10 business days prior to the due date.
- Where you consider that a drawing has been initiated incorrectly [outside the OnePath Life Ltd arrangements] you may take the matter up directly with us, or lodge a Direct Debit Claim through your nominated Financial Institution.

Your commitment to us

Your responsibilities:

- It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.
- It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.
- It is your responsibility to advise us if the account nominated by you to receive the OnePath Life Ltd drawings is transferred or closed.
- It is your responsibility to arrange with us a suitable alternate payment method if you wish to cancel the OnePath Life Ltd drawing.

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funds to be debited from my charge me/us through the D	our account at th	he financial ir						
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acknowledge any processing payment method	g fee incurred thro	ough the Dire	ect Debit syste	em each time	a contribution is r	made using the D	irect Debit	
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confirm that I/we have read a PDS, available at anz.com/sm		the condition	s and acknow	ledgments of	the Privacy state	ment in the ANZ S	Smart Choic	e Super
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3. EMPLOYER DECLARATION AND AUTHORISATIO	on .	
By completing this form, I/we:		
• declare that the information shown on this form is	true and correct	
• authorise the provision of financial data in respect	of this form to my plan's financial adviser, where applicab	le.
Name of authorised officer/contact person	Signature (all signatories if joint account)	Date (dd/mm/yyyy)
	X	/ /
You can contact us about your information or any oth	er privacy matter as follows:	
ANZ Smart Choice Super		

Phone 13 47 43 Email employersuper@anz.com

GPO Box 5107 Sydney NSW 2001