

Section 1

DIRECT DEBIT AUTHORITY FORM

Personal Details

Complete this form if you want to arrange to make regular personal contributions into your Simple Choice Super account via a direct debit from your nominated bank account.

You can find detailed information about Simple Choice Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.simplechoicesuper.com.au or on request by phoning 02 8556 7576.

This form may be posted to Simple Choice Super PO Box R1979 Royal Exchange NSW 1225 or scanned and emailed to info@simplechoicesuper.com.au.

Given Name(s)					
Surname					
Member Number					
Date of Birth					
Mobile Phone Number					
Email Address*					
Residential Address					
City		State		Postcode	
* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Simple Choice Super on 02 8556 7576 or via email at info@simplechoicesuper.com.au or in writing at PO Box R1979, Royal Exchange NSW 1225.					
Section 2 Details of Bank Account to be Debited					
Name of Financial Institution					
Name of Financial Institution Account Name					
Account Name					
Account Name Branch Address					



Section 3 Contribution Amount and Frequency Please nominate how often you would like your account to be debited. Monthly* Quarterly^ * Monthly direct debits will occur on the 15th of each month. ^ Quarterly direct debits will occur on the 15th of the month ending each business quarter (March, June, September, December). Amount to be Debited \$ Section 4 Bank Account Holders' Authorisation I/We request Diversa Trustees Limited to debit from My/Our account the amount described in Section 3 above through the direct debit system. By signing this form, I/We acknowledge that I/we have read the Direct Debit Service Agreement and agree to be bound by its terms and conditions. × Full name of Account Signatory 1 Date Signature x Full name of Account Signatory 2 Date Signature

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au, phone 02 8556 7576 or email us at info@simplechoicesuper.com.au.



Direct Debit Service Agreement

This Direct Debit Service Agreement is issued by Diversa Trustees Limited as trustee of Simple Choice Super. Please contact us on 02 8556 7576 if you have any questions regarding this Agreement.

- Before you complete the Direct Debit Authority Form, you should ensure that the account you want to nominate allows direct debits.
- 2. You cannot nominate a Credit Card account as your direct debit account.
- 3. By providing your superannuation fund with a completed Direct Debit Authority Form, you are authorising us to deduct the amount that you have nominated, from the bank account that you have nominated, on the frequency you have nominated.
- 4. We will keep your financial institution account details confidential, except where required for the purpose of conducting direct debits with your financial institution.
- 5. You should ensure that sufficient funds are available in your account on the due date for payment. If there are not sufficient funds and your financial institution dishonours the payment, you may incur a dishonour fee from your financial institution.
- 6. Other financial institution fees may also apply to this debiting arrangement.
- 7. Where the debiting date is not on a business day, we will draw from your nominated account on the next business day.
- 8. We will give you at least 14 days' notice in writing before changing the terms of the debiting arrangement.
- 9. You may alter the debiting arrangement by providing a new Direct Debit Authority Form at least 7 working days before the next debit is due.
- 10. You may cancel your direct debit at any stage by notifying us in writing via email at info@simplechoicesuper.com.au or in writing at PO Box R1979, Royal Exchange NSW 1225 at least 7 working days before the next debit is due.
- 11. It is important that you notify us if your nominated account is transferred, closed, or the account details change.
- 12. By signing this form, you acknowledge that:
 - The bank/financial institution may, in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this request or any authority or mandate.
 - The bank/financial institution may, in its absolute discretion, at any time by notice in writing to us, terminate this request as to future debits.
 - You may, by prior arrangement and advice to us, vary the amount or frequency of future debits.
 - This direct debit arrangement is governed by the terms of the Direct Debit Service Agreement.

If you believe that a direct debit has not been correctly processed, you should contact us immediately on 02 8556 7576.