Employer Direct Debit Request

This form is used for the purp	ose c	of del	bitin	g an e	emp	loye	r's b	ank	acco	ount	for I	mem	bers	who	are	in ei	ther	the e	empl	oyer	orp	erso	nal	divis	ions.				
Please complete these inst	ructio	ons i	in B	LACK	INI	K us	ing	CAF	PITA	L LE	TTE	RS (exc	ept f	or yo	our e	ema	il ad	dres	s) a	nd 🗸	bo	xes	whe	re p	rovi	ded.		
Request type		Nev	w dir	ect d	ebit			Cha	ange	e to e	exist	ing d	irect	deb	it		D	irect	deb	it ca	ncel	atior	1						
1 Contribution eligi	ibilit	y re	eqi	uirei	me	ent																							
Before you can contribute on	beha	lf of	your	empl	loye	es, t	hey	mus	st me	et th	ne fo	llowi	ng c	riteri	a:														
They are under age 65 OR																													
They are over 65 and ur	nder 7	75 ve	ears	of age	e. Th	nev h	nave	e woi	rked	at le	east	40 h	ours	ovei	r 30 (cons	ecu	tive (davs	duri	ina tl	nis fir	nano	cial v	/ear				
OR																								-					
Only mandated contributions (SG or award) will be made into this account.																													
Important information on providing The Fund can not accept person If your employee has authorised by Please read the information on conductify they do not there may be tailing. Note: If your employee does in	al cont you to ollection ax cons	ribution supply n of Toseque	ons o y the ax Fil nces.	n beha Fund v e Num	vith tl bers	heir T (TFN	FN, t	then y	ou m	ust de t Disc	o so. closui	re Stat	emer	nt befo	ore pr	ovidir	ıg yol	ır em _l	oloye	es TF									ΓFN,
2 Employer details																													
12 27 2 2 2 2 2										1														_		_	_		<u> </u>
Employer name																										L			
Employer number																												_	
Postal address																										L			Щ
Suburb																		S	tate				Р	ostc	ode	L			
Employer contact details																										_			
Title					S	urna	me																	L	<u></u>				
Given name(s)												<u> </u>														L			
Telephone																													
Email address																													
3 Financial institution	on d	det	ails	8																									
Name of financial institution																													
Branch address																										L			
Suburb																		S	tate				Р	ostc	ode				
Account name																													
Branch (BSB) number				_ [Acco	ount	num	ber								_	

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4 Direct debit de	tails	S																									
Direct debits will be proces	ssed	on t	he f	irst k	ousir	ess	day	afte	r the	16th	n of e	each	mor	nth.													
Month to begin		/ Amount to be debited from account ¹ \$																									
Frequency			Мо	nthly	,			Qu	arter	ly] Hal	f-yea	arly			Yearly	/								
1 Please allocate the amount de	ebited	as lis	ted i	in sec	tion 6	if in	suffic	ient s	pace,	, attac	ch a s	epara	ate Em	nploye	er Dire	ect De	bit Re	equest).									
5 Direct debit car	nce	ella	tio	n																							
Please cancel the current of	direct	t del	oit fi	rom			/	'		/	′				fo	r the	follo	wing en	nploy	/ees	:						
Full name																Mem	ber	number	М	Α	Р						
Full name																Mem	ber	number	M	Α	Р						
Full name																Mem	ber	number	М	Α	Р						
Full name	Į															Mem	ber	number	М	Α	Р						
Full name																Mem	ber	number	M	Α	Р						
Please note: We MUST receive	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 Contribution payment information																											
If you do not detail contribution information, the default SG will apply. Please note that the Fund cannot accept member contributions unless the member has quoted their Tax File Number.																											
1.	_												,														
Member number		М	Α	Р																							
Member surname	Į																						L	L	L		Ш
Member given name(s)																							<u></u>	L	L		
Superannuation Guarantee (SG)	\$].							Add	ition	al emplo	oyer	\$							
Salary sacrifice (pre tax salary or wages)	\$	Personal (after tax salary or wages) \$																									
2.																											
Member number		М	Α	Р																							
Member surname																											
Member given name(s)																											
Superannuation Guarantee (SG)	\$															Add	ition	al emplo	oyer	\$							
Salary sacrifice (pre tax salary or wages)	\$[].			F	Perso	onal ((afte	r tax	sala	ry or wa	ges)	\$							
3.																											
Member number		М	Α	Р																							
Member surname																											
Member given name(s)																											
Superannuation Guarantee (SG)	\$[].[Add	ition	al emplo	oyer	\$							
Salary sacrifice	اً ٩	Ī										-	Doros	anel i	ofte	r tov	oolo	rv or wo	aca)	Ф							\sqcap

6 Contribution payment information continued

4.	
Member number	MAP
Member surname	
Member given name(s)	
Superannuation Guarantee (SG)	\$ Additional employer \$.
Salary sacrifice (pre tax salary or wages)	\$ Personal (after tax salary or wages) \$
5.	
Member number	M A P
Member surname	
Member given name(s)	
Superannuation Guarantee (SG)	\$ Additional employer \$
Salary sacrifice (pre tax salary or wages)	\$ Personal (after tax salary or wages) \$

7 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 Medical & Associated Professions Superannuation Fund (User ID 032564).

You should direct all enquiries about your direct debit to the MAP 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 the MAP 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, MAP Super,
 GPO Box 529, Hobart TAS 7001.

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7 Direct debit request service agreement continued

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.

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

I/We authorise IIML as Custodian for the MAP & Associated Professions Superannuation Fund (User ID 032564) to arrange for any amount to be debited through the Bulk Electronic Clearing System from IIML ACF MAP 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 7) and any further instructions provided on this form.

9 Declaration

Important note: Information provided to the Trustee will only be used for the purposes specified. It may be accessed and updated by the member through the MAP client services team. It will only be disclosed to other parties where required by law (eg ATO) or to implement your request (eg financial institution). 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 MAP Super, as set out in this request and in the DDR Service Agreement.

Account holder signature 1		Date / / / / / / / / / / / / / / / / / / /								
If you hold a joint account, please ensure the joint account holder signs here:										
Account holder signature 2		Date / / / / / / / / / / / / / / / / / / /								
Please forward all correspo	ndence to									
Medical & Associated Professions Superannuation Fund, PO Box 133, Nedlands WA 6909 Email employersuper@ioof.com.au Client services team 1800 009 921 Facsimile (03) 6215 5933 Website www.mapsuper.com.au										
Office use only										
Contribution eligibility criteria met Ye	es No Original docu	mentation received								

Medical & Associated Professions Superannuation Fund is issued by IOOF Investment Management Limited ABN 53 006 695 021 AFSL 230524 as Trustee of the IOOF Portfolio Service Superannuation Fund ABN 70 815 369 818

Dated: 1 January 2014 PLA-743