

Employer Direct Debit Request

This form is used for the purpose of debiting an employer's bank account for members who are in either the employer or personal divisions.

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 contribute on behalf of your employees, they must meet the following criteria:

☐ They are under age 65

OR

☐ They are over 65 and under 75 years of age. They have worked at least 40 hours over 30 consecutive days during this financial year

OR

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

Important information on providing Tax File Numbers

- The Fund can not accept personal contributions on behalf of your employees unless you have provided their valid Tax File Number (TFN).
- If your employee has authorised you to supply the Fund with their TFN, then you must do so.
- Please read the information on collection of Tax File Numbers (TFNs) in the Product Disclosure Statement before providing your employees TFN as they are not obliged to disclose their TFN, but if they do not there may be tax consequences.

Note: If your employee does not meet the above criteria, please contact the MAP client services team for further assistance before completing this form.

2 Employer details

Employer name	<input type="text"/>																														
Employer number	<input type="text"/>																														
Postal address	<input type="text"/>																														
Suburb	<input type="text"/>																				State	<input type="text"/>		Postcode	<input type="text"/>						
Employer contact details																															
Title	<input type="text"/>					Surname	<input type="text"/>																								
Given name(s)	<input type="text"/>																														
Telephone	<input type="text"/>		<input type="text"/>																												
Email address	<input type="text"/>																														

3 Financial institution details

Name of financial institution	<input type="text"/>																														
Branch address	<input type="text"/>																														
Suburb	<input type="text"/>																				State	<input type="text"/>		Postcode	<input type="text"/>						
Account name	<input type="text"/>																														
Branch (BSB) number	<input type="text"/>			-	<input type="text"/>			Account number	<input type="text"/>																						

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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 / Amount to be debited from account¹ \$

Frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

¹ Please allocate the amount debited as listed in section 6 (if insufficient space, attach a separate Employer Direct Debit Request).

5 Direct debit cancellation

Please cancel the current direct debit from / / for the following employees:

Full name	<input type="text"/>	Member number	<input type="text"/>
Full name	<input type="text"/>	Member number	<input type="text"/>
Full name	<input type="text"/>	Member number	<input type="text"/>
Full name	<input type="text"/>	Member number	<input type="text"/>
Full name	<input type="text"/>	Member number	<input type="text"/>

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	<input type="text"/>
Member surname	<input type="text"/>
Member given name(s)	<input type="text"/>
Superannuation Guarantee (SG)	\$ <input type="text"/>
Salary sacrifice (pre tax salary or wages)	\$ <input type="text"/>
Additional employer	\$ <input type="text"/>
Personal (after tax salary or wages)	\$ <input type="text"/>

2.

Member number	<input type="text"/>
Member surname	<input type="text"/>
Member given name(s)	<input type="text"/>
Superannuation Guarantee (SG)	\$ <input type="text"/>
Salary sacrifice (pre tax salary or wages)	\$ <input type="text"/>
Additional employer	\$ <input type="text"/>
Personal (after tax salary or wages)	\$ <input type="text"/>

3.

Member number	<input type="text"/>
Member surname	<input type="text"/>
Member given name(s)	<input type="text"/>
Superannuation Guarantee (SG)	\$ <input type="text"/>
Salary sacrifice (pre tax salary or wages)	\$ <input type="text"/>
Additional employer	\$ <input type="text"/>
Personal (after tax salary or wages)	\$ <input type="text"/>

6 Contribution payment information continued

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

[illegible]

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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 correspondence 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

Yes

☐

No

☐

Original documentation received

☐