

Please print clearly using BLOCK LETTERS and black pen only. Place a cross (X) in the boxes provided, where applicable. If a question does not apply to you, simply leave it blank.

Please complete this form if you wish to make regular voluntary (after-tax) contributions directly from your bank account. If your voluntary contributions exceed the relevant limit in any one year, the ATO may levy additional tax on the amount over the contribution cap.

Points to note when completing this form

Please read this information carefully and call us on **1300 65 18 65** if you have any questions.

Eligibility criteria

To set up a direct debit, you must be under age 65 or between ages 65 and 74 and working at least 40 hours in a period of 30 consecutive days in the current financial year.

Joint accounts

If you are setting up a direct debit from a joint account, we require the full name and signature of BOTH account holders. Without these details we are unable to process your request.

Authorisation

In order to process your direct debit request, we need your signature on the form for authorisation purposes. Please ensure you have signed and dated the form before you send it back to us.

1. Your details

Member number
(for existing members)

Title: Mr Mrs Miss Ms Other: _____

Given names: _____

Surname: _____

Date of birth: _____ Gender: Male Female

Under the *Superannuation Industry (Supervision) Act 1993*, Statewide is authorised to collect your tax file number (TFN), which will only be used for approved purposes. Statewide may disclose your TFN to another superannuation provider, if your benefits are transferred in the future, unless you provide a written request to Statewide not to. Statewide may also provide your TFN to the Australian Taxation Office (ATO) if required. It is not compulsory to provide your TFN and declining to quote your TFN is not an offence. However, if you do not provide your TFN, you may pay more tax on your contributions and benefits and Statewide will not be able to accept any personal member contributions.

Tax file number

Residential address: _____

Suburb: _____

State: _____ Postcode: _____

Postal address: _____

Suburb: _____

State: _____ Postcode: _____

Email address: _____

Phone business: _____

home: _____

mobile: _____

2. Consolidate your super

Yes! I have read the information about TFNs above and give Statewide consent to use my TFN to search the ATO database to locate accounts held on my behalf and to seek information from a retirement savings account provider or super fund about accounts I hold with them, to facilitate consolidation of my accounts.

Note: If we already have your TFN, you don't need to provide it again, but you do need to tick the 'Yes' box above if you consent to the search.

3. Eligibility to contribute

To be able to make voluntary contributions, you must meet one of the following eligibility criteria.

I declare that (select one)

I am under age 65

I am aged 65 to 74 and will work at least 40 hours in a period of 30 consecutive days in the current financial year

4. Claiming a tax deduction

I intend to claim a tax deduction for my personal contributions

Download a 'Notice of intent to claim or vary a deduction for personal super contributions' form from www.statewide.com.au and return it with this form. Alternatively ring **1300 65 18 65** for a copy to be posted to you.

5. Direct debit request

Name of financial institution

Account name

BSB number

Account number

Amount to be deducted monthly

\$

I/we request and authorise Statewide Superannuation Pty Ltd as Trustee of Statewide Superannuation Trust (User ID: 067921) to arrange for any nominated amount Statewide may debit or charge me to be debited through the bulk electronic clearing system from an account held at the financial institution identified above, subject to the terms and conditions of the direct debit request service agreement. I/we consent to the collection, use and disclosure of my/our personal and sensitive information under the *Privacy Act 1988*.

Account holder signature(s)

X Signature:	Date:
Name (print):	

X Signature:	Date:
Name (print):	

Please keep a copy of this form for future reference.

6. Direct debit service agreement

1. Through this direct debit request you are allowing us to debit amounts from your bank or other financial institution on a monthly basis. The amount you have nominated will be debited on the 20th of each month or the next business day.
2. If Statewide wants to change this agreement, we will notify you at least 14 days before making any changes.
3. Please contact Client Services on **1300 65 18 65** if you want to make an enquiry. If you would like to:
 - **change your direct debit** – advise us in writing at least three business days before the date we debit your bank account
 - **cancel your direct debit request** – advise us in writing at least three business days before we debit your bank account
 - **dispute a debit that has been made from your bank account** – Statewide will respond to your dispute within five business days.
4. We will always try to debit your account on the 20th of each month, except when that date falls on a weekend or public holiday. In this case we will debit your account on the next business day.
5. You should make sure that you always have enough cleared funds in your bank account for us to debit your account. If there is not enough money (that is, cleared funds) in your bank account, we will still make a debit, but if your bank dishonours the debit, we may pass on any dishonour fees and/or any costs incurred by the Fund.
6. We will keep your bank account details confidential, except when a court order applies, if Statewide's bank needs information about your bank account, or if you give us permission to reveal your bank details.
7. Before completing this direct debit request, please check with your bank that:
 - your bank account accepts direct debiting as some accounts do not, and
 - the bank account number you give us is correct (refer to your bank statement or contact your bank if necessary).

Please return this completed form to Statewide GPO Box 1749 Adelaide SA 5001 by fax (08) 8217 8555 or email info@Statewide.com.au