## **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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1. EMPLOYER DETAILS							
Employer name Employer number (if known)							
Authorised officer*							
Employer postal address							
			7		State	Postcoo	de
Phone (Business)							
Email							
* The authorised officer nomina	ited will be the primary c	ontact for all corr	espondence. Th	ey will be able	to transact on the p	plan's behalf.	
2. REQUEST AND AUTHO	ORITY TO DEBIT - DI	ETAILS OF AC	COUNT (ACC	OUNT TO B	E DEBITED)		
Name of financial instituti	ion						
Address of financial institu	ition				]		
					State	Postcoo	de
Name of account							
BSB number					count number		
Deduction frequency for rensure that this is also refl				the frequen	cy nominated,		Monthly Quarter
By signing, I/we:	rected in the amount	. SHOWIT III See	tions				wontiny Quarter
<ul> <li>authorise OnePath Life ( funds to be debited from charge me/us through tl</li> </ul>	n my/our account at	the financial in					
<ul> <li>acknowledge any fees w</li> </ul>	•		or incurred by	OnePath Lif	e in operating t	the Direct Debit	
acknowledge any proces payment method	ssing fee incurred th	rough the Dire	ect Debit syst	em each tim	e a contributio	n is made using the	e Direct Debit
<ul> <li>acknowledge having rea out in this request and ir</li> </ul>							
<ul> <li>confirm that I/we have re PDS, available at anz.cor</li> </ul>		the condition	s and acknov	vledgments	of the Privacy s	tatement in the AN	IZ Smart Choice Super
I/We, the signatory(ies), w	hose signature(s) ap	pear(s) below,	state that the	e statements	made in this fo	orm are true and co	orrect.
Signature (all signatories if j	joint account)						Date (dd/mm/yyyy)
X							/ /
Signature (sign clearly with	in the box)						Date (dd/mm/yyyy)
, ,							/ /
X							

# ANZ Smart Choice Super Direct Debit Request Form – Employer plans



NZ Smart Choice Super PO Box 5107 ydney NSW 2001 hone 13 47 43		ect of this form to my plan's financial adviser, where applicable.	
You can contact us about your information or any other privacy matter as follows:  UNZ Smart Choice Super  GPO Box 5107  ydney NSW 2001  Phone 13 47 43	ame of authorised officer/contact person		
NZ Smart Choice Super PO Box 5107 ydney NSW 2001 hone 13 47 43		X	
PO Box 5107 ydney NSW 2001 hone 13 47 43	ou can contact us about your information or any	other privacy matter as follows:	
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hone 13 47 43	SPO Box 5107		
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