

1 November 2019

## FORM D – Direct Debit Request (DDR)

Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.

## Step 1: Your personal details

[illegible]

## Step 2: Type of instruction

Depending on the type of instruction(s) you wish to give, please ✓ tick the applicable box(es) and follow the relevant steps in this form.

Instruction	Steps to complete
<input type="checkbox"/> One-off contribution	Steps 3, 6 and 7
<input type="checkbox"/> New Regular Contribution Plan	Steps 4, 5, 6 and 7
<input type="checkbox"/> Change to an existing regular contribution amount	Steps 4 and 7
<input type="checkbox"/> Change to an existing debit frequency	Steps 5 and 7
<input type="checkbox"/> Change to your nominated account with a financial institution	Steps 6 and 7
<input type="checkbox"/> Cancellation of an existing direct debit request.	Step 7

### Step 3: One-off contribution

- If this section is being filled out as part of a new Application (Form A), you do not need to provide contribution type details below. However, please ensure you have completed Step 3: Initial contribution details in the Application (Form A) (new applicants only).
- If this request is not part of a new Application, you will need to provide us with all of the details requested below.

Please indicate the preferred date of the one-off contribution   /   / 2 0

Please note that applications to establish a one-off contribution must be received at least five business days before the preferred date to ensure that your deduction is processed. If an application is not received within this timeframe or no date is specified, the one-off contribution will be deducted on the next processing date possible.

Please indicate the one-off amount to be debited from your nominated account and deposited into your Cash Account:

\$

Please indicate the contribution type:

For a list of contribution types, please see Step 4. (Downsizer contribution is a contribution type which is not listed in Step 4).

If no contribution type is specified, the contribution will be classified as a personal contribution.

If you intend to claim a tax deduction for a one-off personal contribution you may choose to attach a Section 290-170 ITAA notice (available from the ATO website or on [www.ioof.com.au/product\\_list/annex\\_pursuit](http://www.ioof.com.au/product_list/annex_pursuit)).

## Step 4: Regular Contribution Plan

Please indicate the commencement date of the first payment

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Please note that applications to establish a direct debit must be received at least five business days before the 28th of the month to ensure that your deduction is processed that month. If an application is not received within this timeframe, it will be processed either that month or the following month (and then continue regularly according to the frequency you select).

Please indicate the regular amount to be debited from your nominated account with a financial institution and deposited into your Cash Account:

<input type="checkbox"/> Personal contribution <sup>1</sup>	\$	<input type="text"/>
<input type="checkbox"/> Spouse contribution	\$	<input type="text"/>
<input type="checkbox"/> Total regular amount to be debited (minimum \$50)	\$	<input type="text"/>

<sup>1</sup> For information on claiming a tax deduction for personal superannuation contributions please refer to the 'Claiming a tax deduction for personal contributions' information sheet available on our website.

**If the financial institution account details are not held solely in the name of the member, please refer to Step 8 for signatory requirements relating to third parties.**

**Please note:**

- For new applicants, a direct debit will not normally be established until an initial contribution of at least \$500 has been made or a transfer/rollover to meet this requirement has been authorised.
- The amount of regular contributions will be debited from your nominated account with a financial institution on the 28th day of the relevant month (or the nearest business day after the 28th).
- You will need to complete an Investment Instructions form to provide us with an Investment Instruction specifying the managed investment(s) you wish to utilise for regular contributions.
- If you do not provide an Investment Instruction, the regular contributions will remain in your Cash Account, until an instruction is provided.

## Step 5: Debit frequency

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly
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## Step 6: Financial institution details

Name	<input type="text"/>																							
Branch	<input type="text"/>																							
Address	<input type="text"/>																							
Suburb	<input type="text"/>												State	<input type="text"/>			Postcode	<input type="text"/>						
Account name	<input type="text"/>																							
BSB	<input type="text"/>			-	<input type="text"/>			Account number	<input type="text"/>															

Until further notice in writing, I/we, the holder(s) of the above account, authorise and request the Trustee via the Custodian (Australian Executor Trustees Limited ABN 84 007 869 794, AFSL 240023), (User ID 032105) to arrange for funds to be debited through the Bulk Electronic Clearing System (BECS) from my/our account at the financial institution identified above as instructed by me/us or any other amounts as instructed or authorised to be debited in accordance with the terms and conditions of the Direct Debit Request service agreement as amended from time to time. This authority allows the debiting of amounts payable by the member under the agreement between the member and the Trustee.

Step 7: Member/Applicant declaration and signature

The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the privacy policy at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

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 IOOF as set out in this request and in the DDR Service Agreement.

Account holder signature 1

Surname

Given name

Title (if applicable)

Signature

Date /  /

Account holder signature 2\*

Surname

Given name

Title (if applicable)

Signature

Date /  /

\* If the bank account is held in a joint name, please ensure both account holders sign here.

Please sign and return this form to:

Post

Email

Telephone

Facsimile

Trustee

IOOF Pursuit, Reply Paid 264, Melbourne, VIC 8060

PursuitApplications@ioof.com.au

1800 913 118

03 8614 4431

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