

## 1 MEMBER DETAILS

### INVESTOR 1

Title (Mr/Mrs/Ms etc)		Member Number (if known)	
<input type="text"/>		<input type="text"/>	
Surname			
<input type="text"/>			
Given Name(s)			
<input type="text"/>			
Date of Birth (dd/mm/yyyy)		Gender	
<input type="text"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Mobile Phone	
( ) <input type="text"/>	( ) <input type="text"/>	<input type="text"/>	
Email			
<input type="text"/>			

## 2 ACCOUNT DETAILS

Please provide details of the account to be debited under this request. This account will be debited for initial and additional contributions/payments when we receive your instructions and for regular contributions via the Additional Contributions Form.

Account Name	<input type="text"/>
Bank/Institution	<input type="text"/>
Branch Address	<input type="text"/>
BSB Number	<input type="text"/>
Account Number	<input type="text"/>

### Contribution Frequency

Please indicate frequency of contribution\*: (please tick one box)

One Off 
 Monthly 
 Quarterly 
 Half Yearly

Month to commence 
 Contribution amount \$

\*Direct debit withdrawals occur on the 15<sup>th</sup> of each month or the next business day where the 15<sup>th</sup> falls on a weekend or public holiday.

### Contribution Type

Please indicate type of contribution:

Member Contribution	\$	<input type="text"/>
Employer Contribution	\$	<input type="text"/>
Eligible Spouse Contribution	\$	<input type="text"/>
Self-employed Contribution	\$	<input type="text"/>
Total	\$	<input type="text"/>

### 3 AUTHORISATION & SIGNATURE(S)

**I/We**

- Request and authorise Mutual Trust Pty Ltd ACF Pinnacle Superannuation Fund to debit my bank or financial institution account as specified above.
- Have read the Direct Debit Service agreement overleaf and acknowledge that this direct debit arrangement is governed by the terms of that agreement.

Note: if the account being debited under this arrangement is a joint account, both signatures may be required depending on the arrangements you have made with the financial institution.

<i>Signature (1)</i>	X	<i>Date</i>	
<i>Signature (2)</i>	X	<i>Date</i>	

### 4 DIRECT DEBIT SERVICE AGREEMENT

By signing the Direct Debit Authority you are authorising us to draw down on your nominated account. We may only draw on your account for either a once-off direct debit payment at your request to make a contribution to the LifeFocus Superannuation Fund or a regular arrangement under the LifeFocus Superannuation Fund. Direct debits will be made on the following understanding:

**Our commitment to you for Direct Debit**

We will:

- Arrange for funds to be debited from your account as authorised in the Direct Debit Request.
- Give you at least 14 days' notice in writing before changing the terms of the debiting arrangement, unless the changes are made at your request.
- Keep information relating to your direct debit request private and confidential.
- Only disclose information that we have about you in relation to this Agreement:
  - To the extent specifically required by law; or
  - For the purpose of this Agreement (including disclosing information in connection with any query or claim).

If the due date of the direct debit falls on a weekend or public holiday, your account will be debited on the next working day.

**Your commitment to us**

It is your responsibility to:

- Ensure your nominated account can accept direct debits and that all account holders agree to the debiting arrangement.
- Ensure that the account details you have provided are correct by checking them against a recent account statement.
- Advise us if your nominated account is transferred or closed, or the account details have changed.
- Ensure that there are sufficient funds available to meet each direct debit. If there are insufficient funds in your account, you may be charged a fee by us and/or your financial institution.
- Check with your financial institution before completing the direct debit request if you have any queries about how to complete the request.

**Your rights**

- You may defer, alter or cancel the debiting arrangements you hold with us at any time by writing to us at least two weeks before the next debit is due.
- Where you consider that a direct debit has been made incorrectly, you may contact the LifeFocus Customer Service team on 1300 137 909 who will promptly investigate your query and provide a response.
- If you are not satisfied with the response you receive you may refer it to your financial institution, which may lodge a claim on your behalf.

**Notice**

If you wish to notify us in writing about anything relating to this Agreement, you should send your notice to:

**LifeFocus Superannuation Fund  
PO Box 1282  
ALBURY NSW 2640**