

Macquarie SuperOptions Super Plan

Direct debit request



Macquarie Investment Management Limited ABN 66 002 867 003 AFSL 237 492 RSEL L0001281
Macquarie Superannuation Fund ABN 65 508 799 106 RSE R1004496

The original form is required, please do not fax.

PLEASE USE BLACK INK, PRINT IN CAPITALS AND MARK BOXES WITH AN (X) WHERE APPLICABLE.

1. Personal details

Title
 Mr Mrs Miss Ms Other

Given name(s)

Surname

Account number (if known)

2. Direct debit details

Type of request
 New plan
 Amendment to an existing plan
 Cancel an existing plan

Frequency
 Monthly
 Quarterly in March, June, September and December
 Half-yearly in June and December
 Annually in June

Total amount (minimum \$100) \$

Contribution type (please select one only)
 Personal contribution*
 Employer superannuation guarantee contribution
 Employer salary sacrifice contribution
 Employer other contribution
 Spouse contribution
 Child contribution

* To claim a deduction, we require you to complete a *Deduction notice for personal contributions* available from www.macquarie.com.au or the NAT 71121 form, available from the Australian Tax Office website.

3. Please note

- All direct debit plan contributions will generally be invested in proportion to your current investment strategy, on the second business day following the deduction.
- If you wish to update your investment strategy, please complete the *Investment Strategy/Pension drawdown form*.
- Contributions tax, where applicable, will be deducted from the gross amount.

4. Australian financial institution details

Australian financial institution name

Branch address

BSB

Account number

Account name

5. Declaration and signature

I/We wish to participate in the Macquarie SuperOptions Super Plan direct debit and I/we agree to be bound by the service agreement terms and conditions. I/We request you, until further notice in writing, to debit the nominated account with any amount which MIML ABN 66 002 867 003 AFSL 237 492 RSEL L0001281 (User ID 013402) may debit or charge me/us in connection with my/our Macquarie SuperOptions Super Plan direct debit, through BECS (Bulk Electronic Clearing System).

I/We have completed all relevant sections of this form. I/We understand and acknowledge that:

1. my/our nominated financial institution may in its absolute discretion decide the order of priority of payment by it of any monies pursuant to this request or any authority or mandate
2. the financial institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this request as to future debits
3. Macquarie may, by prior notice in writing with 14 days notice, vary the timing of future debits
4. monthly contributions will be deducted on, or close to, the 18th day of each month. Where the 18th day of the month does not fall on a business day and I am/we are uncertain whether sufficient cleared money will be available to meet the direct debit, I/we will contact the financial institution directly and ensure that sufficient cleared money is available
5. I/we can modify or defer this direct debit at any time by giving Macquarie 14 days notice, in writing. I/We need to do this by the 4th day of the month for the change that I/we am/are requesting to take effect in the same month
6. I/we can stop or cancel this direct debit at any time by giving Macquarie 14 days notice in writing. I/We need to do this by the 4th day of the month for the cancellation to take effect in the same month. Alternatively, I/we can cancel my/our direct debit by taking all of my money out of Macquarie SuperOptions Super Plan
7. if at any time I/we feel that a direct debit against my nominated account is inappropriate or wrong it is my/our responsibility to notify Macquarie as soon as possible
8. Direct debiting through BECS is not available on all accounts. I/We can check my account details against a recent statement or check with the financial institution as to whether I/we can request a direct debit from my account
9. it is my/our responsibility to ensure that there is sufficient cleared money in my/our nominated account to honour the direct debit request (DDR) for my/our direct debit. I/We understand that my/our direct debit may be cancelled if three direct debit payments are dishonoured because of insufficient money within a 12 month period. Macquarie will give me/us 14 days notice in writing if they intend to cancel my/our plan. Macquarie will also charge the cost of dishonoured direct debits and any loss in the price of the units I/we was/were due to buy against my/our account
10. Macquarie may need to pass on details of my/our direct debit request to their sponsor bank in BECS to assist with the checking of any incorrect or wrongful debits to my/our nominated account
11. Macquarie reserves the right to charge a maximum annual administration fee of \$24 for the processing of direct debits. However, we are not presently charging this fee and will give you 30 days notice if we decide to do so.

This form must be signed as per the account signing instructions for the bank account being debited.

Signature (in black ink)

Title

Mr Mrs Miss Ms Other

Name

Date

/ /

If you are a company officer, you must state your corporate title.

Director Sole Director Secretary Trustee

Signature of joint account holder (in black ink)

Title

Mr Mrs Miss Ms Other

Name

Date

/ /

If you are a company officer, you must state your corporate title.

Director Secretary Trustee

1. Please ensure you sign the form
2. Retain a copy for your records
3. Send this form to:
Macquarie Investment Management Limited
GPO Box 4045
Sydney NSW 2001 (please affix a stamp)

If you have any questions about completing this form please call us on **1800 801 651**.