

# Macquarie Vision – Super Direct debit request

Macquarie Investment Management Limited ABN 66 002 867 003 AFSL 237 492 RSEL L000128. Macquarie Superannuation Plan ABN 65 508 799 106 RSE R1004496. Macquarie Bank Limited ABN 46 008 583 542 AFSL 237502 is the issuer of the Macquarie Consolidator Cash Account (Cash Account).

**This form is to authorise us to debit another financial institution and make one-off or regular payments to your Macquarie Super account.**

## Important information

- This form can be used to set up new, cancel or amend existing direct debit details. One-off contributions can also be made by BPAY®, Cheque or electronic funds transfer (EFT).
- This form can only be used for contributions made by you, your spouse or for a child. It cannot be used for employer contributions or rollovers from a self-managed superannuation fund (SMSF). All employer contributions and SMSF rollovers are required to be made via SuperStream. For more information about SuperStream, please refer to the Australian Taxation Office website.

PLEASE USE BLACK INK

# 1

## Personal details

Full given name(s):

Surname:  Account number (if known):

# 2

## Direct debit details

### A. Type of request

- New plan  
 Amendment to an existing plan  
 Cancel an existing plan

### B. Frequency (contributions will be deducted on, or close to, the 8th day of each month)

- One-off contribution, date to be deducted:

/  /

(if left blank, this will be deducted immediately)

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

C. Total amount \$

Premium Portfolio Service – Super Account minimum: \$250

### D. Contribution type (please select one only or if this is a special contribution please proceed to Part E)

- Personal contribution\*  Spouse contribution  
 Child contribution

We recommend you speak with your adviser to find out if you are eligible to make the above contribution before submitting this form.

## Direct debit details (continued)

### E. Special contributions

Only a one-off contribution can be elected for the below contribution types. This form will be processed once we have received the applicable ATO form available on the ATO website at [ato.gov.au/forms](https://ato.gov.au/forms). The amount on the ATO form provided must match the amount specified in **section 2C** of this form.

- Downsizer contribution** (when selecting this option you must also provide us with the applicable ATO form NAT 75073 (*Downsizer contribution into superannuation* form) before this form can be processed)
- Small business CGT concession contribution** (if selecting this option you must also provide us with the applicable ATO form NAT 71161 (*Capital gains tax cap election* form) before this form can be processed)
- Personal injury contribution** (if selecting this option you must also provide us with the applicable ATO form NAT 71162 (*Contributions for personal injury election* form) before this form can be processed)
- COVID-19 re-contribution** (if selecting this option you must also provide us with the applicable ATO form NAT 75394 (*Notice of re-contribution of COVID-19 early release amounts*) before this form can be processed)

We recommend you speak with your adviser to find out if you are eligible to make the above contribution before submitting this form.

Direct debit contributions will be deposited to your Cash Account on the second business day following the deduction. When nominating your contribution complete the gross amount. Contributions tax, where applicable, will be deducted from the gross amount.

## 3

### Australian financial institution details

Australian financial institution name:


BSB:    -

Account number:

Account name:

## 4

### Declaration and signature

 **You can sign this form electronically via one of our approved electronic signature providers and submit the form via email with any additional documentation required. Please visit Help Centre to view our submission requirements and a list of our approved electronic signature providers.**

I/We wish to participate in the Macquarie Super 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 Macquarie Investment Management Limited ABN 66 002 867 003 AFSL 237 492 RSEL L0001281 (User ID 013402) may debit or charge me/us in connection with my/their Superannuation 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 to me/us within 14 days, vary the timing of future debits.
4. Monthly contributions will be deducted on, or close to, the 8th day of each month. Where the 8th 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 24th day of the month for the change that I/we am/are requesting to take effect in the following 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 24th day of the month for the cancellation to take effect in the following month. Alternatively, I/we can cancel my/our direct debit by taking all of my money out of Macquarie Super.
7. If at any time I/we feel that a direct debit against my nominated I 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/our account.

## Declaration and signature (continued)

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 will be automatically 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.
12. Where I have elected a special contribution type in section 2E, **I am eligible and within the required timeframe to make this contribution** and funds will be deducted from my account only when the applicable ATO form has been provided to Macquarie.
13. **Macquarie may not process the request if the amount on the ATO form does not match the amount specified in section 2C. If the amounts differ, Macquarie will notify me/us and may request to submit a new request.**

**This form must be signed by all account holders for the account being debited to ensure all parties to the account being debited provide their authorisation.**

Signature 1

Date (DDMMYYYY)

 /  / 

Title:

Full name:

Signature 2

Date (DDMMYYYY)

 /  / 

Title:

Full name:

Please complete and return the form to **Macquarie Vision, GPO Box 4045, Sydney NSW 2001**, or via email to **vision@macquarie.com**. If you have any queries about completing this form please contact us on **1800 501 562**.