

Instructions

Please use this form to authorise and request CUBS Superannuation Fund, ABN 90 120 177 925, user ID 425 209 to arrange through its own financial institution, a regular (monthly) debit to the nominated account to make contributions to your Superannuation account.

This debit will be made through the Bulk Electronic Clearing System (BECS) from the account held at the financial institution that has been nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

You should not complete this form unless you have received, read and understood the current Bank First Superannuation Product Disclosure Statement (PDS) and Contribution fact sheet.

- Please print neatly in BLOCK LETTERS and use a BLACK pen.
- Print X in the appropriate boxes.
- Make sure you read all the instructions before you complete this declaration.

Please send us your completed form by ONE of the following methods:

Email: bankfirst@cupssuper.com. **Post:** Bank First Superannuation
au PO Box 541, Chatswood NSW 2057

Please note: if you fax or email the form, there is no need to send us the original.

Step 1 - Member details

Account Number

Title

First Name

Last Name

Email address (Mandatory requirement)

Date of Birth

Phone number (mobile)

Step 2 - Direct Debit request

I authorise and request the following to be debited from the nominated account.

Amount to be deducted monthly

\$

By completing this form you are overriding any previous direct debit authority you may have completed. However please note that the Trustee reserves the right to reject or refund contributions received pursuant to this direct debit request, where required or permitted by law, without prior notice to you.

Direct debits will commence on the 15th of the following month based on the date this application is received and will occur monthly thereafter. Where the direct debit date falls on a non-business day, the debit will be processed the following business day.

Step 3 - Breakdown of contribution

Personal Contributions *

\$

Spouse Contributions **

\$

Total Contributions:

\$

* Complete Step 5 below, to confirm your eligibility to contribute. If you intend to claim a tax deduction for your personal contributions, please complete a Notice of Intention to Claim a Tax Deduction form available from the Bank First website or on request by contacting 1300 654 193. Unless such a claim is made and accepted by us, the contributions will be treated as after tax (non-concessional) contributions.

** Contributions from your spouse can only be made if you are age 70 or less and, if you have reached age 65, you have worked at least 40 hours in a period of not more than 30 consecutive days in the current financial year. If a spouse contribution is nominated above, by signing this form you declare that you satisfy these requirements. If your spouse is making contributions with a view to receiving a tax offset, eligibility criteria must be met. Our acceptance of a spouse contribution does not mean that the tax offset applies.

Step 4 - Nominated account details

Name of Bank, Credit Union, Building Society etc

Branch Address

Branch No (BSB)

Account Number

Account Name

Step 5 - Eligibility to contribute – Personal contributions

To be able to make voluntary personal contributions, you must meet one of the eligibility criteria under superannuation laws. Contribution limits apply for taxation purposes. If the limits are exceeded, extra tax will apply.

To confirm that you are eligible to contribute, please mark the box below that describes your current circumstances.

I am under the age of 65.

I have reached age 65 but am not yet 75 and I have worked at least 40 hours in a period of not more than 30 consecutive days in the current financial year (the Work Test).

I have reached age 65 but am not yet 75 and am relying on the Work Test Exemption which allows me to make voluntary contributions for 12 months following the end of the financial year in which I last met the Work Test.

Please contact Bank First Superannuation immediately if your circumstances change. We may cease any direct debit, where the law requires or permits.

Note: If you are aged 65 or over, and wish to continue making personal contributions into your account each financial year, you will be required to complete a new Superannuation Contribution Eligibility Declaration form before the first contribution is made each year.

Step 6 - Authority

- I hereby request and authorise CUBS Superannuation Fund to debit the nominated account outlined above, until I advise otherwise in writing.
- I have read and agree to the terms and conditions of the attached Direct Debit Service Agreement.
- I declare I have obtained, read and understood the current PDS and fact sheets.
- I declare that the information I have completed is true and correct.

Signature of member

Date

Signature of contributor (if a spouse contribution is nominated)

Date

Signature of other account holder (if required*)

Date

* This is required if the nominated account is a jointly held account requiring the signature of both account holders, and the other account holder's signature is not already shown above.

Direct Debit Service Agreement

Instructions

You should read this Service Agreement before completing a Direct Debit Authority. By completing the Direct Debit Authority you are authorising CUBS Superannuation Fund (ABN 90 120 177 925) to withdraw money from your nominated bank account, under the conditions set out below. You should keep a copy of this service agreement for your records.

Direct Debit Arrangements

- The first direct debit will occur in the following month in which your application is processed.*
- Subsequent direct debits will occur on the 15th of each month.
- If this date falls on a non-business day, we will debit the amount on the next business day.
- We will give you 14 days notice (in writing) if these initial terms change.

* Direct debits will occur on the 15th of the following month. Where the direct debit falls on a non-business day, the debit will be processed the following business day.

Your rights

You can change the direct debit amount, cancel an individual direct debit payment or suspend or cancel your direct debit arrangements by advising us in writing.

You should allow at least two weeks notice for the change to take effect.

Email: bankfirst@cubssuper.com.au **Post:** Bank First Superannuation,
PO Box 541, Chatswood NSW 2057

Your responsibilities

It is your responsibility to make sure that:

- Your nominated bank account can accept and process direct debit requests;
- Your account details are correct, perhaps by checking them against a recent account statement from your financial institution;
- There is sufficient money (cleared funds) in your account on each due date;
- You tell us if your nominated account is transferred, closed or altered (such as the signatories change); and
- You notify the Bank First Superannuation in writing if you wish to cancel the direct debit request.

If, for any reason, we cannot withdraw the necessary amount, or the withdrawal is dishonored by your financial institution, we will write to you to let you know your contribution was not made.

Enquiries and Disputes

Your financial institution will ask you to contact us to resolve your enquiries or disputes before involving them so please contact us on 1300 654 193 with any questions you may have.

If you don't receive a satisfactory response within 14 days, you should then contact your financial institution.

If an amount has been incorrectly deducted from your account and we cannot substantiate the reason for the deduction, we will refund the amount to you (subject to any legislative or other obligations applicable to us).

Read

By signing the Direct Debit Authority form you agree to be bound by the terms and conditions of the Direct Debit Service Agreement above. If you wish to cancel this direct debit authority, you must do so in writing.