



13 April 2019

Employer Services

Phone 13 47 43

Email employersuper@anz.com

Website anz.com/smartchoice

This form is for use by employers. It should be completed for the remittance of regular contribution amounts via direct debit. Please note that direct debiting is not available for all account types. If in doubt please check with your financial institution.

INSTRUCTIONS

- Read the Direct Debit Request (DDR) Service Agreement below.
- Complete and sign the 'Direct Debit Request' section on page 3.
- If a regular contribution amount will vary, please advise Employer Services on 13 47 43.
- Complete and sign the form and return to:
ANZ Smart Choice Super
GPO Box 5107
Sydney NSW 2001

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This Direct Debit Request (DDR) Service Agreement is issued by OnePath Custodians. You should carefully read this DDR Service Agreement before completing and signing the Direct Debit Request Form.

For all enquiries about your direct debit arrangement, contact Employer Services on 13 47 43 or write to:
ANZ Smart Choice Super, GPO Box 5107, Sydney NSW 2001

Our Commitment To You

One Path Custodians 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 arrangements, unless changes are made at your request and
- keep information relating to your Direct Debit Request private and confidential unless otherwise required by the Bulk Electronic Clearing System (BECS) rules. You acknowledge that we may be required to disclose details of your direct debit request to our sponsor bank to assist with the checking of any incorrect or wrongful debits to your nominated account.

We reserve the right to cancel the OnePath Custodians debiting arrangements if three or more drawings are returned unpaid by your nominated financial institution and to arrange with you an alternate payment method.

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

It is your responsibility to:

- ensure your nominated account can accept Direct Debits and that all account holders on the nominated account agree to the debiting arrangement
- ensure that your account details that you have provided are correct by checking them against a recent account statement
- ensure that the authorisation given to draw on your nominated account is identical to the account signing instruction held by the financial institution
- advise us if the nominated account is transferred or closed, or the account details have changed
- ensure there are sufficient funds available in the nominated account to meet each Direct Debit
- check with your financial institution before completing the Direct Debit Request, in the event that you have any queries about how to complete the Direct Debit Request
- arrange with us a suitable alternate payment method if you wish to cancel the OnePath Custodians drawing arrangement.

If there are insufficient funds in your account, you may be charged a fee and/or interest by your financial institution. You may also incur fees or charges imposed or incurred by OnePath Custodians.

You may arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

ANZ SMART CHOICE SUPER

DIRECT DEBIT REQUEST FORM – EMPLOYER PLANS

Your Rights

You may defer, alter or cancel the debiting arrangements you hold with OnePath Custodians at any time by providing written notice. Such notice should be received at least 14 days before the next debit is due. You can also stop or terminate the debiting arrangement by notifying your financial institution.

Where you consider that a debit has been initiated incorrectly, you should contact OnePath Custodians directly, or lodge a Direct Debit Claim through your financial institution. If we conclude as a result of our investigations that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query providing you with reasons and any evidence for this finding in writing.

SuperStream Compliance

Employers are required to make contributions using a SuperStream compliant method.

ANZ SMART CHOICE SUPER

DIRECT DEBIT REQUEST FORM – EMPLOYER PLANS

1. EMPLOYER DETAILS

Employer name		
Employer number (if known)	<input type="text"/>	
Authorised officer*		
Employer postal address		
Suburb/Town	State	Postcode
Phone (Business)		
Email		

*The authorised officer nominated will be the primary contact for all correspondence. They will be able to transact on the plan's behalf.

2. DIRECT DEBIT REQUEST - DETAILS OF ACCOUNT (ACCOUNT TO BE DEBITED)

Name of financial institution		
Address of financial institution		
Suburb/Town	State	Postcode
Name of account		
BSB number	<input type="text"/>	Account number <input type="text"/>

Deduction frequency for members listed in Section 3 – Depending upon the frequency nominated, ensure that this is also reflected in the amount shown in Section 3 Monthly Quarterly

By signing, I/we:

- authorise OnePath Custodians (User ID 005298), until further written notice, to arrange for funds to be debited from my/our account at the financial institution described in Section 2, any amounts which OnePath Custodians may debit or charge me/us through the Direct Debit system
- acknowledge any fees which are payable to OnePath Custodians or incurred by OnePath Custodians in operating the Direct Debit
- acknowledge any processing fee incurred through the Direct Debit system each time a contribution is made using the Direct Debit payment method
- acknowledge having read and understood the terms and conditions governing the debit arrangements between you and OnePath Custodians as set out in this request and in the Direct Debit Request Service Agreement on page 1
- confirm that I/we have read and understood the conditions and acknowledgments of the Privacy Statement in the ANZ Smart Choice Super Additional Information Guide, available at anz.com/smartchoice

I/We, the signatory(ies), whose signature(s) appear(s) below, state that the statements made in this form are true and correct.

Signature (all signatories if joint account)
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Date

D	D	M	M	2	0	Y	Y
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Signature (sign clearly within the box)

Date

D	D	M	M	2	0	Y	Y
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DIRECT DEBIT REQUEST FORM – EMPLOYER PLANS

3. EMPLOYER DECLARATION AND AUTHORISATION

By completing this form, I/we:

- declare that the information shown on this form is true and correct
- authorise the provision of financial data in respect of this form to my plan's financial adviser, where applicable.

Date

You can contact us about your information or any other privacy matter as follows:

ANZ Smart Choice Super
GPO Box 5107
Sydney NSW 2001

Phone 13 47 43
Email employersuper@anz.com