



# Commonwealth Personal Superannuation and Rollover Plan and Commonwealth SuperSelect Regular Savings Plan form



You may lodge this form with any Commonwealth Financial Planner or post to:

**Commonwealth Financial Services**  
GPO Box 3306  
Sydney NSW 2001

**We will make changes effective the date we receive your completed documentation at our principal office of administration.**

**DO NOT FAX THIS FORM, we will only process original versions of this form.**

**Please ensure you retain the Direct Debit Request Service Agreement for your records.**

## Section 1 – Personal

Account number

Title  Mr  Mrs  Miss  Ms  Other

Surname

Full given name(s)

Other names known by (if any)

Date of birth

Postal address

State

Postcode

Daytime telephone

Evening telephone

Mobile number

Email address

## Section 2 – Commencement of/change in Regular Saving Plan

A. Please (tick correct box):

- Cancel my Regular Savings Plan (direct debit will be cancelled)  
 Commence a Regular Savings Plan (please complete section 4)  
 Change bank accounts for my Regular Savings Plan  
 Change my regular contribution amount to:  per month (min \$100)

B. Please allocate regular contributions as follows:	Amount
Personal	\$
Spouse	\$
<b>Total Amount</b>	<b>\$</b>

per month (min \$100)

**Note:**

- You can only make regular contributions by one deduction from one bank account.
- Direct Debit is not available for employer contributions.** Please call us on 13 2015 to arrange an alternative method.

## Section 3 – Eligibility to contribute – complete this if you are aged 65 or above

- I am aged 65-74, and in the financial year ending **30 June 20**  , I have worked in paid employment for at least 40 hours in a period of not more than 30 consecutive days for the purposes of personal contributions (non-concessional), spouse contributions (can only be made until age 70) and voluntary employer contributions including salary sacrifice.

**Section 4 – Details of the account to debit** (all details must be supplied)

I authorise The Colonial Mutual Life Assurance Society Limited (005340), until further notice in writing, to arrange to debit funds from my account at the financial institution identified as described in the schedule below, any amounts which they may debit or charge me through the Direct Debit System.

Name of the financial institution and branch where your account is held

	State	Postcode
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Account name (please write in full)

BSB

Bank account number

Please commence debiting this account on:

**Section 5 – Declaration**

I/We;

- authorise the debit user to verify the details of the above mentioned account with my/our financial institution; and
- authorise that the financial institution may release information allowing the debit user to verify the above mentioned account details.
- have read the Direct Debit Request (DDR) Service Agreement provided overleaf and agree with its terms and conditions.

**Signed by the customer(s)** (if joint account all signatures may be required)

Signature

Date

Signature

Date

**Bank use only**

Please make sure this Notification is fully completed, dated below and send it today to **2052-011, Commonwealth Financial Services**

Date received	Adviser ID/Contact name	Investment costancy/branch	Adviser telephone number
<input type="text" value="DD / MM / YY"/>			( )



# Commonwealth SuperSelect and Commonwealth Personal Superannuation and Rollover Plan Direct Debit Request Service Agreement

Please ensure you retain this page for your records

## Definitions for this agreement

**Account:** the account nominated by you on the direct debit request.

**Agreement:** this Direct Debit Request Service Agreement between you and us, including the direct debit request.

**Business day:** a day other than a Saturday or a Sunday or a listed public holiday in Sydney.

**Debit day:** the day that payment is due.

**Debit payment:** a particular transaction where a debit is made, according to your direct debit request.

**Direct debit request:** the direct debit request between us and you.

**Us, we or our:** The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809, AFSL 235035 (CMLA) the company you have authorised to debit your account.

**You and your:** the customer/s who signed the direct debit request.

**Your financial institution:** the financial institution where you hold the account that you have authorised us to arrange to debit.

## 1. Debiting your account

1.1 By signing a **direct debit request**, you authorise us to arrange for funds to be debited from **your account** according to the arrangement agreed upon within **your application**.

1.2 We will only arrange for funds to be debited from your account:

- as authorised in the **direct debit request**; and/or
- If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited, please check with your financial institution.

## 2. Changes by us

2.1 We may vary this agreement at any time by giving you at least 10 business days notice.

## 3. Changes by you

3.1 If you wish to change any of your direct debit arrangements, simply call 13 2015 between 8.30 am and 6 pm (Sydney time), Monday to Friday, however, any changes you wish to make will not be implemented until we have received confirmation of those changes from you in writing.

3.2 If you wish to stop or defer a debit payment, you must write to us at least 10 business days before the next debit day. This notice should be given to us before you give notice to your financial institution.

3.3 You may also cancel your authority for us to debit your account at any time by giving us 10 business days notice in writing before the next debit day. This notice should be given to us in the first instance and should be sent to Commonwealth Financial Services, GPO Box 3306, Sydney NSW 2001.

## 4. Your obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account, or make the necessary arrangements with your financial institution, to allow a debit payment to be made.

4.2 If there are insufficient clear funds available in your account, or you have failed to make the necessary arrangements with your financial institution, to meet a debit payment:

- you or your account may be charged a fee and/or interest by your financial institution;
- you or your account may be charged a fee to reimburse us for charges we have incurred for the failed transaction.

4.3 Please check your account statement to verify that the amounts debited from your account are correct.

4.4 If CMLA is liable to pay goods and services tax ('GST') on a supply made in connection with this agreement, then you agree to pay CMLA on demand an amount equal to the GST included in the consideration payable for the supply.

## 5. Dispute

5.1 If you believe that there has been an error in debiting your account, simply call 13 2015 between 8.30 am and 6 pm (Sydney time), Monday to Friday. We may ask you to confirm the details in writing to us.

5.2 If our investigations show that your account has been incorrectly debited, we will arrange 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.

5.3 If our investigations show that **your account** has not been incorrectly debited, **we** will respond to **your** query by providing **you** with reasons and copies of any documents which **we** believe justify the view **we** have taken.

5.4. Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter, you can still refer it to your **financial institution** which will obtain details from **you** of the disputed transaction and may lodge a claim on **your** behalf.

## 6. Accounts

6.1 You should check:

- with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

6.2 Warning: If the account number you have quoted is incorrect, you may be charged a fee to reimburse our costs in correcting any deductions from:

- an account **you** do not have authority to operate; or
- an account **you** do not own.

## 7. Confidentiality

7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about you:

- to the extent specifically permitted by the law; or
- for the purpose of this agreement (including disclosing information in connection with any query, dispute or claim).

## 8. Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

Commonwealth Financial Services  
GPO Box 3306  
Sydney NSW 2001.

8.2 We will notify you by sending a notice in the ordinary post to the last address you notified to us.