

## Guidelines for completing this form

Use this form if you would like to make personal (after-tax) contributions to your AGEST account via direct debit.

Direct debit allows you to authorise a regular contribution to be deducted from your bank account and credited to your AGEST account.

Direct debit is not available on all types of bank/financial institution accounts so if you are in doubt, please check with your financial institution. Some institutions may charge a fee for this arrangement.

**Please note that this service is not available to members of the AGEST Pension.**

## Your Tax File Number

If AGEST does not have your Tax File Number (TFN) recorded we are unable to accept personal contributions from you.

You can provide your TFN to AGEST on the enclosed form or by:

- ▶ Logging into your account at [www.ages.com.au](http://www.ages.com.au)
- ▶ Calling us on 1300 724 378 or
- ▶ Downloading and completing the **Change of Details** form on our website.

## Important notice

You should read the Direct Debit Service Agreement to ensure you are fully aware of the terms and conditions for this service before completing and returning the Member Direct Debit application.

We recommend that you keep a photocopy of this application for future reference.

## Your eligibility

To be eligible to make personal (after-tax) contributions you must be either:

- ▶ Aged under 65 **or**
- ▶ Aged between 65 and 75 and gainfully employed for at least 40 hours in any 30 consecutive days during the current financial year.

If you are aged over 75, superannuation law does **not** allow AGEST to accept personal (after-tax) contributions from you. If your circumstances change and you are no longer eligible under one of the above conditions, you must contact us immediately to arrange for your direct debit arrangement to be stopped.

## Privacy

AGEST handles your personal information in accordance with a set of National Privacy Principles. AGEST's privacy policy is available in our PDS and on our website [www.ages.com.au](http://www.ages.com.au) or you can call us for a copy on 1300 724 378.

## Direct Debit Service Agreement

By completing the Member Direct Debit Application you are authorising us to debit amounts from the bank/financial institution account you nominate.

The amount, how often and the date we will debit your account depends on what you instruct us to do.

We will always try to debit your account on the date nominated by you except when this falls on a weekend or a public holiday. In this case, we will debit your account on the next business day.

This agreement will cease immediately if our attempts to direct debit your account in accordance with this agreement are dishonoured three times.

You will need to reapply if you wish to recommence direct debit contributions to AGEST.

If we are advised of a dishonour after your AGEST benefits are paid out, you will be liable to repay any dishonoured amounts to AGEST.

## Changes to this agreement

- ▶ If AGEST wants to change this agreement, we will notify you in writing at least 14 days before making any changes.
- ▶ If you need to change or cancel your direct debit arrangements (ie this agreement), you need to notify us in writing as follows:

### To delay or change your direct debit amount, date or frequency:

You need to advise us at least 10 days before the date we are due to debit your bank/financial institution account.

### To cancel your direct debit agreement:

You need to advise us at least three days before the date we are due to debit your bank/financial institution account.

## Enquiries and disputes

Please contact us if you wish to enquire about or dispute a debit that has been made from your bank/financial institution account.

We will respond within five business days.

## Your responsibilities

You must ensure that there are enough funds in your bank/financial institution account for us to debit your account.

If your bank/financial institution dishonours our direct debit attempt, you may have to pay any dishonour fees charged by your bank/financial institution and/or the costs incurred by us.

## Check that you give us your correct details

Before completing the Member Direct Debit Application, please check with your bank/financial institution that:

- ▶ Your bank/financial institution account accepts direct debiting as some financial institutions do not allow direct debit on some accounts; and
- ▶ The BSB and account number you give us are correct.

## 1. Personal details

Membership number

Mobile

Title (please tick)

Miss  Ms  Mrs  Mr  Dr

Email address (work or home)

First name(s)

Residential address (AGEST requires this by law to authorise a payment)

Family name

Date of birth

Gender

F  M

Suburb/Town

Telephone numbers

Home

Work

State/Territory

Postcode

Country (if not Australia)

## 2. Your Tax File Number (TFN)

I have read the information on this form about my Tax File Number. (please tick)

I have already provided my TFN to AGEST for this member account.

I choose not to provide my TFN.

I choose to provide my TFN - it is

## 3. Your direct debit arrangements

How often would you like the direct debit to be made?

Fortnightly  Monthly  Quarterly

Please write this amount in words

How much would you like to contribute to AGEST each time a direct debit is scheduled?

\$

## 4. Your nominated account

Bank/Financial institution name

BSB number

Account number

Account name

## 5. Signatures

If the bank account you have nominated above is held in joint names and two signatories are required, the other account holder must also sign and date this form here:

Your full name:

Other account holder's full name:

Your signature:

Other account holder's signature:

Date

Date

Please send this form to:

AGEST Administration, Locked Bag 20, Wollongong NSW 2500 or fax it to 1300 664 378 or +61 2 4253 6108 if overseas.

