

Guidelines for completing this form

Use this form if you would like to make your contributions by direct debit.

AGEST offers two direct debit options for employers. These are:

1. Direct debit on demand

Each time you submit an AGEST paper contribution return or you lodge a contribution return through our website, the total amount of your return will be debited from your nominated account. This option is suitable for employers whose total contribution for each period changes regularly.

2. Direct debit (regular amount)

You can set a fixed deduction amount to be debited from your nominated account on a regular basis. This option means that you do not need to provide any reporting to AGEST as the contribution amount is already set. This option is suitable for employers who employ only a few staff and whose contributions for each employee might change only once or twice per year. You will need to fill in a form to change the direct debit amount for each employee.

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.

Employee Tax File Numbers (TFN)

When a new or existing employee fills out a TFN declaration form (NAT 3092), you are required by law to pass the employee's TFN to their super fund.

If you do not pass on an employee's TFN:

- ▶ You will be guilty of an offence and liable to pay a penalty.
- ▶ A higher rate of tax may apply to any employer or salary sacrifice contributions paid.
- ▶ The fund will not be able to accept any personal after tax contributions for your employee and this may cause the employee to miss out on a Government super co-contribution payment if eligible.

We encourage you to contact any existing employees who have not provided their TFN and request that they consider doing so.

Your employees can provide their TFN to AGEST by:

- ▶ Logging into their account at 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 on this page to ensure that you are fully aware of the terms and conditions for this service before completing and returning the Employer Direct Debit Application.

Please keep a photocopy of this application for future reference.

You should return your completed application to:

AGEST Administration
Locked Bag 20
Wollongong NSW 2500

or fax it to us on **1300 664 378** (or **+61 2 4253 6108** from overseas)

If you have any questions, please call us on 1300 724 378 (8.00am to 8.00pm EST Monday to Friday) or by email to employers@ages.com.au

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 or you can call us for a copy on 1300 724 378.

Direct Debit Service Agreement

By completing the Employer 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.

If you are making a *Direct debit – on demand* request via the internet, fax or mail, we will debit your account on the day of receipt or 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 then need to reapply if you wish to recommence direct debit contributions to AGEST.

Please note: If we are advised of a dishonour after one of your members has closed their AGEST account, you will be liable to repay any dishonoured amount 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.

You must ensure that your payments meet the requirements of the relevant Award, Agreement or Act under which you are required to contribute.

Check that you give us your correct details

Before completing the Employer Direct Debit Application, please check 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. Employer details

Employer number

Employer name

Postal address

Suburb/Town

State/Territory

Postcode

Contact person

Title (please tick)

 Miss Ms Mrs Mr Dr

First name(s)

Family name

Position title

Contact numbers

Work

Mobile

Email address

2. Your nominated account

The account which AGESt will debit each time a direct debit is due/requested.

Bank/Financial institution name

Bank address

Suburb/Town

State/Territory

Postcode

Name(s) in which the account is held

BSB number

Account number

3. Direct debit arrangements

Direct debit on demand

- Complete sections 4 and 6

OR

Direct debit (regular amount)

- Complete sections 5 and 6

4. Direct debit on demand

Each time you provide a contribution return to AGESt the total amount of that return will automatically be debited from the account you have nominated on this form. To assist our administration team, please ensure that each time you send a contribution return to AGESt, you mark the relevant direct debit box (eg when using our online service or paper return).

How often do you intend to remit contributions?

 Fortnightly Monthly Quarterly

Please note that you can make contributions outside of the arrangement you nominate here however, understanding your normal arrangements will help us manage your account.



5. Direct debit (regular amount)

Please complete the following details for each employee for whom you wish to set-up for direct debit. You can photocopy this page if you need to establish direct debit arrangements for more than two employees.

How many employees do you wish to set-up for direct debit?

Employee 1

This is a:

new direct debit arrangement **OR**

change to an existing direct debit arrangement

Member number

Date of birth

Payroll number

First name

Last name

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

Fortnightly Monthly Quarterly

Date of the first direct debit

How much would you like each direct debit to be for this employee?

\$

What is this amount to be comprised of?:

Employer contributions \$

Salary Sacrifice contributions \$

Personal contributions \$

Employee 2

This is a:

new direct debit arrangement **OR**

change to an existing direct debit arrangement

Member number

Date of birth

Payroll number

First name

Last name

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

Fortnightly Monthly Quarterly

Date of the first direct debit

How much would you like each direct debit to be for this employee?

\$

What is this amount to be comprised of?:

Employer contributions \$

Salary Sacrifice contributions \$

Personal contributions \$

6. Signatures

If the bank account you have nominated on this form 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:

Your signature:

Date

Other account holder's full name:

Other account holder's signature:

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.

