



# Additional Contribution and Direct Debit Request Form

## 1. PERSONAL DETAILS

Member number (if known)

**Name**

Title  Mr  Mrs  Miss  Ms  Other

Surname  Given name(s)

Date of birth  Gender Female  Male

**Address**

Street

Suburb  State  Postcode

**Contact details**

Home phone number  Work phone number

Mobile phone number

Email address

## 2. REQUEST TO MAKE ADDITIONAL CONTRIBUTIONS

I am eligible to make personal or salary sacrifice contributions because:

I am under 65 years of age.  Other Contribution

I am aged 65 to 74 and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year.

	Personal contribution	Employer contribution (including salary sacrifice)	Spouse contribution
<b>Additional one-off contributions</b> Additional one-off contributions may be made via cheque or BPAY®.	\$	\$	\$
<b>Regular contributions</b> Regular contributions may be made monthly, quarterly, half-yearly or yearly via direct debit. Please also complete Section 3 to set up regular contributions.	\$	\$	\$
<b>Method of payment</b> (if direct debit is selected please also complete Section 3)	<input type="checkbox"/> Direct debit <input type="checkbox"/> Cheque <input type="checkbox"/> BPAY <sup>1</sup>	<input type="checkbox"/> Direct debit <input type="checkbox"/> Cheque <input type="checkbox"/> BPAY <sup>1</sup>	<input type="checkbox"/> Direct debit <input type="checkbox"/> Cheque <input type="checkbox"/> BPAY <sup>1</sup>

<sup>1</sup> When using BPAY you will need the following information:

- Biller Code 293357 (for Employer contributions)
- Biller Code 116947 (for Salary Sacrifice contributions)
- Biller Code 116954 (for personal contributions)
- BPAY Customer reference number (if you do not have your Customer reference number please call us on 1300 209 088).

### Telephone & Internet Banking – BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account.  
More info: [www.bpay.com.au](http://www.bpay.com.au)

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## 2. REQUEST TO MAKE ADDITIONAL CONTRIBUTIONS (CONTINUED)

### Contribution Caps

There are caps (ie. limits) on the amounts you can contribute to superannuation. Exceeding the caps will attract the top marginal tax rate. The caps are subject to change by the Australian Taxation Office (ATO). For information about the caps applicable to this financial year, speak to your financial adviser or consult the ATO website [www.ato.gov.au](http://www.ato.gov.au)

## 3. DIRECT DEBIT ACCOUNT DETAILS

The following account will be debited for your superannuation contributions:

Name of financial institution					
Branch name and address					
BSB	Account number				
Account name					
Direct debit frequency	<input type="checkbox"/> Additional one-off	<input type="checkbox"/> Monthly (default)	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-Yearly	<input type="checkbox"/> Yearly
Direct Debit Day	<input type="checkbox"/> 1st	<input type="checkbox"/> 8th (default)	<input type="checkbox"/> 15th	<input type="checkbox"/> 22nd	

By filling out this Form, you will be deemed to have agreed to the Direct Debit Request Service Agreement attached. This Form and those conditions will be deemed to be the Direct Debit Request Service Level Agreement between you and TAL Life Limited (TAL) for the purposes of the Bulk Electronic Clearing System. If in doubt as to whether your financial institution operates Direct Debit, contact TAL or your financial institution. I/We request and authorise TAL Life Limited ABN 70 050 109 450, AFSL No. 237848 (Bulk Electronic Clearing System User Identification Number 245397) to arrange a debit to my/our nominated account. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my/our account held at the financial institution I/we have nominated above and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. I/We acknowledge that by signing and/or providing TAL with a valid instruction in respect to my/our Direct Debit Request, I/we have understood and agreed to the terms and conditions governing the debit arrangements between me/us and TAL Life Limited as set out in the Request and in my/our Direct Debit Request Service Agreement and that this authority shall continue until I/we provide further notice to TAL. I/We acknowledge that TAL may, in its absolute discretion, by notice in writing to me/us of no less than 14 business days:

- (a) terminate this Direct Debit Request as to future debits; or
- (b) vary the amount or frequency of future debits.

Account holder(s) signature(s)  \_\_\_\_\_ Date

If the nominated account is a company account, signatories must indicate their full name and correct capacity below.

Name \_\_\_\_\_

Director  Sole Director  Company Secretary

Second Account Holder Signature (if required)  \_\_\_\_\_ Date

If the nominated account is a company account, signatories must indicate their full name and correct capacity below.

Name \_\_\_\_\_

Director  Sole Director  Company Secretary

## 4. MEMBER SIGNATURE VERIFICATION (IF APPLICABLE)

Please note that we will be unable to proceed with your request without verifying your signature. If you have not previously provided verification of your signature, (eg. a copy of your driver licence or passport), please provide it with this Form.

## 5. PRIVACY

The way in which TAL collects, uses and discloses your personal and sensitive information is described in the TAL Privacy Policy available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy) or on request. By signing this Form you consent to TAL collecting your information in accordance with our Privacy Policy to provide our products and services to you. Additional information about your privacy rights and our privacy obligations under current privacy legislation can be accessed on the website of the Office of the Australian Information Commissioner at [www.oaic.gov.au](http://www.oaic.gov.au)

## 6. AUTHORISATION

Please read the following acknowledgements and declarations carefully and sign at the bottom of this section.

By signing this Form, I:

- acknowledge that this additional contribution arrangement and/or direct debit arrangement is governed by the terms of my product's Product Disclosure Statement (PDS) and the terms in the Trust Deed, each as amended from time to time
- declare that the details given on this Form are correct
- declare that I have read and understood the privacy information available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy)

Member signature

Date

## 7. CONTACT DETAILS

**Call 1300 209 088**

Monday to Friday 9.00am – 5.00pm (AEST/AEDT)

Email: [customerservice@tal.com.au](mailto:customerservice@tal.com.au)

Website: [www.arcmt.com.au](http://www.arcmt.com.au)

Please return your completed Form and any supporting paperwork to:

**TAL Life Limited**, GPO Box 5380, Sydney NSW 2001



# Direct Debit Request Service Agreement

(please retain for your records)

The following is your Direct Debit Service Agreement with **TAL Life Limited ABN 70 050 109 450** (User ID 245397). The *agreement* is designed to explain what your obligations are when undertaking a Direct Debit arrangement with *us*. It also details what our obligations are to *you* as your Direct Debit provider.

We recommend *you* keep this *agreement* in a safe place for future reference. It forms part of the terms and conditions of your *direct debit request (DDR)* and should be read in conjunction with your *DDR* authorisation.

## Definitions

**account** means the account held at *your financial institution* from which *we* are authorised to arrange for funds to be debited.

**agreement** means this Direct Debit Request Service Agreement between *you* and *us*.

**banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**debit amount** means the amount set out in the *direct debit request*, as it may be varied from time to time, which is the amount that *we* may issue instructions to *your financial institution* to debit from the *account*.

**debit day** means the day that payment by *you* to *us* is due.

**debit payment** means a particular transaction where a debit is made.

**direct debit request (DDR)** means the Direct Debit Request Form authorising *us* to debit an amount from the *account* held at *your financial institution*.

**frequency** means the frequency at which the *debit amount* may be debited from the *account* as set out in the *direct debit request*, as it may be varied from time to time.

**us** or **we** means TAL Life Limited, (the Debit User) *you* have authorised by requesting a *direct debit request*.

**you** means the customer who has signed or authorised by other means the *direct debit request*.

**your financial institution** means the financial institution nominated by *you* on the *direct debit request* at which the *account* is maintained.

## 1. The Bulk Electronic Clearing System

- 1.1 We are a Debit User under the Bulk Electronic Clearing System (BECS) and have entered into a Debit User agreement with certain financial institutions. Accordingly, the financial institution has agreed to sponsor us in an electronic payment clearing system for the purposes of direct debit drawings provided *you* have authorised *us* to do so under the *direct debit request*.

## 2. Debiting your account

- 2.1 By signing a *direct debit request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from your *account*. *You* should refer to the *direct debit request* and this agreement for the terms of the arrangement between *us* and *you*.

- 2.2 We will arrange for funds to be debited from your *7* as authorised in the *direct debit request* and shall include amounts where there has been a prior payment failure or fees and charges accrued with a default under the debit arrangement.
- 2.3 In the event the amount deducted is in accordance with Clause 2.2, *we* will send to the address nominated by *you* in the *direct debit request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.
- 2.4 If the *debit day* falls on a day that is not a *banking day*, *we* may direct *your financial institution* to debit your *account* on the following *banking day*. If *you* are unsure about which day your *account* has or will be debited, *you* should ask *your financial institution*.
- 2.5 We will issue instructions to *your financial institution* to debit your *account* on the date, with the *debit amount* and for the *frequency* nominated until *you* inform *us* that *you* wish the debits to cease.
- 2.6 When a payment is debited from your *account*, it will be immediate and irrevocable. *You* will need to contact TAL to arrange a refund and fees may apply.
- 2.7 We will not be obliged to effect a direct debit drawing if the information on the *direct debit request* is incomplete and/or inaccurate. *You* may be liable for any amounts which owe as a result from a deduction being made or attempted on a wrong or invalid account.
- 2.8 All your instructions in relation to the *direct debit request* must be given to *us* and not to *your financial institution*.

## 3. Amendments by us

- 3.1 We may vary any details of this *agreement* or a *direct debit request* at any time by giving *you* at least fourteen (14) days written notice. Any variation will take effect immediately on the date specified in such a notice by *us*.
- 3.2 We may terminate your *direct debit request* for any reason by giving written notice to *you* at the address *you* have notified to *us*.

## 4. Amendments by you

- 4.1 You may change, stop or defer a *debit payment*, or terminate this *agreement* by providing *us* with at least fourteen (14) days notification by writing to:  
TAL Life Limited  
GPO Box 5380, Sydney NSW 2001  
**or**  
by telephoning *us* on 1300 209 088 during business hours  
**or**  
arranging it through *your financial institution*.
- 4.2 We are only obliged to act on any instruction issued to *us* within 14 business days after the date on which *we* receive the instruction.

## 5. Your obligations

- 5.1 It is your responsibility to ensure that there are sufficient clear funds available in your *account* to allow a *debit payment* to be made in accordance with the *direct debit request*. If your *account* does not have sufficient clear funds, we may issue instruction to your *financial institution* for the direct debit drawing of the *debit amount* as soon as your *account* has sufficient clear funds or seek payment from you separately.
- 5.2 If there are insufficient clear funds in your *account* to meet a *debit payment*:
- (a) you may be charged a fee and/or interest by your *financial institution*; information on all fees and charges should be requested from your *financial institution*.
  - (b) you may also incur fees or charges imposed or incurred by us; and
  - (c) you must 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*.
- 5.3 If we are informed by your *financial institution* that a direct debit drawing cannot be made from the *account* for any reason whatsoever, you can either make a payment of the amount due to us separately or we in our discretion will debit your *account* for the arrears. No action or inaction by us will operate as a waiver of your obligation to make a relevant payment to us.
- 5.4 You should check your *account* statement to verify that the amounts debited from your *account* are correct.
- 5.5 You must inform us of any direct debit drawing which has been made from your *account* which is not authorised or if there is any mistake in processing any direct debit drawing from your *account*. Alternatively, you can take it up directly with your *financial institution*.
- 5.6 If you discover that the amount we were authorised to draw from your *account*:
- is greater than the amount due, you may contact us for a refund; or
  - is less than the amount due, you must make a separate payment to us for the short fall. You remain at all times responsible to make full and complete payment of each amount due to us.

## 6. Dispute

- 6.1 If you believe that there has been an error in debiting your *account*, you should notify us directly on **1300 209 088** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your *financial institution* directly.
- 6.2 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.
- 6.3 If we conclude as a result of our investigations that your *account* has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

## 7. Accounts

- 7.1 You should check:
- (a) 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.
  - (b) your *account* details which you have provided to us are correct by checking them against a recent *account* statement; and
  - (c) with your *financial institution* before completing the *direct debit request* if you have any queries about how to complete the direct debit request.

## 8. Confidentiality

- 8.1 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.
- 8.2 We will only disclose information that we have about you:
- (a) to the extent specifically required by law; or
  - (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

## 9. Notice

- 9.1 If you wish to notify us in writing about anything relating to this *agreement*, you should write to
- TAL Life Limited**  
**GPO Box 5380, Sydney NSW 2001**
- 9.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the *direct debit request*.
- 9.3 Any notice will be deemed to have been received on the third *banking day* after posting.

## 10. General Matters

- 10.1 Direct Debit Request Agreement is governed by the regulations as set by the Australian Payment Clearing Association Ltd (APCA).
- 10.2 You acknowledge that TAL (or any person acting on its behalf) has not made any representation or offered any other inducement to you to sign the *direct debit request*.
- 10.3 We will not be liable for: any failure or delay on the part of your *financial institution* in fulfilling an instruction from us for direct debit drawing to be made from your *account*; indirect, special or consequential loss or damage caused, including negligence; and events beyond TAL's reasonable control.