



Retirement Benefits Fund Board

GPO Box 446, Hobart Tas 7001

Telephone: 1800 622 631 or 03 6233 3672

Facsimile: 03 6233 3357

DIRECT DEBIT APPLICATION FORM

Member's Details

Full Name:

Postal Address:

Suburb State Postcode

Phone Numbers: (Home) (Business) (Mobile)

RBF Member Number:

Tax File Number:

If you have already provided your Tax File Number, you do not need to supply it again.

Purpose of Direct Debit deductions:

Personal (non-concessional) Contributions Spouse Contributions (from partner)

Arrears of Contributions Mortgage Payments

Other

Notice of intention to claim a tax deduction (tick if appropriate)

I hereby notify RBF that I intend to claim a tax deduction for the contributions authorised through this Direct Debit instruction in the financial year according to when the contribution is received by RBF.

I understand Contributions Tax of 15% will be deducted from these contributions.

Member Investment Choice Option:

Unless you have already provided investment choice instructions or nominate your investment choice now, your deposits will be invested in the default Member Investment Choice option, RBF Actively Managed.

Please tick this box to receive further information about Member Investment Choice

Member signature: Date



DIRECT DEBIT APPLICATION

Chief Executive Officer
Retirement Benefits Fund Board
GPO Box 446
HOBART TAS 7001

I / We
(Surname(s)) (Given Name(s))
.....
(Surname(s)) (Given Name(s))

request you, until further notice in writing, to debit my account described in the Schedule in Form 1.1, any amount which the Retirement Benefits Fund Board (User ID 089912) may debit or charge me through the Direct Debit System.

I understand and acknowledge that:

1. The Bank/Financial Institution may, in its absolute discretion, determine the order of the priority of payment by it of any moneys pursuant to this Request or any authority or mandate.
2. The Retirement Benefits Fund Board may, in its absolute discretion, at any time by notice in writing to us, terminate this Request as to future debits
3. I/We have read and agree to the Direct Debit Request Service Agreement (Form 2.0) between the Retirement Benefits Fund Board and myself.
4. We have completed the details below as well as the Form 1.1 attached with specific banking and schedule details.
5. I understand that superannuation contribution limits apply and that any excessive contributions will incur additional taxation.

Member signature: Date

Joint Account Holder signature: Date

Member Address:

Suburb: State: Postcode:

Phone Numbers:
(Home) (Business) (Mobile)

Email Address:



DIRECT DEBIT APPLICATION PAYMENT SCHEDULE

DIRECT DEBIT DETAILS

Account name:

Bank/State/Branch No (BSB):

Account number:

(N.B. Direct Debiting is not available on the full range of accounts. If in doubt please refer to your Bank/Financial Institution.)

Amount of first Direct Debit Drawing from account: \$

Amount of subsequent Drawings (if variable): \$

Frequency of Direct Debit Drawings: (fortnightly/monthly)

Date of first Direct Debit Drawing:
(This will be in 14 days unless a date is specified)

Expiry date of Direct Debit Request:

Note: Drawings will occur on Wednesday of alternate weeks for fortnightly drawings, and on the last working day of the month for monthly drawings.

Member signature: Date

Joint Account Holder signature: Date



DIRECT DEBIT SERVICE AGREEMENT

1. The Retirement Benefits Fund Board (“the Board”) will arrange the drawing of funds as per the details set out in the Direct Debit Request (Form 1.0) until the expiry of the agreement or until notified of any change or cancellation.
2. The Board will provide the member with 14 days notice if alternations are to be made to the terms of the initial arrangement.
3. If the member wishes to defer the drawing or alter the schedule, 14 days notice must be given in writing to the Board.
4. If the member wishes to stop or suspend a direct debit or cancel the agreement, notice in writing to The Board must be given at least 14 days prior to the next scheduled drawing.
5. If the direct debit authority date is due on a weekend or public holiday the drawing of the funds will take place on the working day before the due date.
6. Members should ensure that clear funds are available in the nominated bank account on the date the drawing is due to occur.
7. If the drawing of the funds is dishonoured the member will be contacted in writing. Any bank fees arising due to the dishonour are the liability of the member. These charges will automatically be recouped with the next drawing unless the member advises that funds will be forwarded to the Board within 28 days.
8. Prior to completing the Request to Direct Debit it is the responsibility of the member to ascertain that the nominated bank/financial institution will accept direct debit drawings for the nominated account type.
9. All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.
10. All enquiries should be directed to the Board, rather than to your financial institution, and should be addressed to the Executive Manager Finance. All communication should include your RBF member number.
11. If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with the Board by contacting the Executive Manager Finance on 1800 622 631.
12. If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim:
 - within 7 business days (for claims lodged within 12 months of the disputed drawing) or
 - within 30 business days (for claims lodged more than 12 months after the disputed drawing).
13. You will receive a refund of the drawing amount if we can not substantiate the reason for the drawing.
14. The Direct Debit Request Service Agreement will be available to existing Members on request.

Retirement Benefits Fund Board
GPO Box 446
HOBART TAS 7001
Telephone: 1800 622 631