

Direct Debit Request Form

Commonwealth Bank Education Savings Plan

Please **PRINT** clearly in **BLACK** or **BLUE** pen keeping well within the boxes. Use crosses in the boxes marked with an "X".

1. Investor Details

Policy number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name in full	<input type="text"/>		
Residential address (not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>
Email	<input type="text"/>		
Student Name	<input type="text"/>		

2. Contribution Details

Please indicate if this request is to:

☒ Initiate ☒ Change Account Details ☒ Change Amount ☒ Cancel

I/We request that Life Use ID 253513 debit the nominated account of: \$

Commencing on / /

3. Frequency

☒ Weekly ☒ Fortnightly ☒ Every 4 weeks ☒ Monthly ☒ Once only

(Please allow a minimum of 3 business days for commencement)

4. Account Details

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Branch Number (BSB)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name	<input type="text"/>		

5. Declaration and Signature(s)

All Investors and Account Holders must sign and date this form

- I/We acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Client Service Agreement as set out on the next page of this request. Upon receipt of your completed form, we will mail you confirmation. Please ensure that you retain a copy of the Client Service Agreement.
- I/We confirm that I/we have a copy of the current Product Disclosure Statement and that I/we have read, understood and retained for future reference.

Investor 1 signature

Name of Investor 1

Date / /

Investor 2 signature

Name of Investor 2

Date / /

Account Holder 1 signature

Name of Account Holder 1

Date / /

Account Holder 2 signature

Name of Account Holder 2

Date / /



Return by email

enquiries@australianunity.com.au



Post

(together with any identification documents where relevant)



Australian Unity - Investment Bonds, Reply Paid 93753 Melbourne VIC 8060
(no stamp required if mailed in Australia)

If posting from outside of Australia, please send to:
GPO Box 4397 Melbourne VIC 3001



Contact us

-  Australian Unity
GPO Box 4397 Melbourne VIC 3001
-  australianunity.com.au/wealth

Investor Services

-  enquiries@australianunity.com.au
-  1300 1300 38

Adviser Services

-  investmentbonds@australianunity.com.au
-  1300 133 285

Direct Debit – Client Service Agreement

By completing and signing the Direct Debit Request Authorisation included in the application form, you authorise us to draw on your nominated account with the following understanding:

- We will advise you, in writing of any change to this direct debit client service agreement at least 14 calendar days prior to the date of any such change.
- Were the due date of the debit to be made falls on a non business day, we will draw the amount on the next business day.
- We will not change the amount or frequency of drawing arrangements without your prior approval.
- If you are making a once only lump sum payment, we will deduct this amount only once from your account nominated on the direct debit form. We require 3 business days notice. No further deductions will take place under this direct debit client service agreement.
- We reserve the right to cancel the direct debit arrangements if 3 or more drawings are returned unpaid by your nominated financial institution and to arrange with you an alternate payment method. We may, at our discretion, pass onto you any costs we incur due to any direct debit refusal by deducting the cost from your investment.
- We will resolve any dispute of a direct debit drawing within 7 business days and in the course of resolution we may share information with our direct debit sponsor.

Your rights

- You may terminate the direct debit arrangements at any time by giving written notice to us. Such notice should be received by us at least 3 business days prior to the due date.
- You may stop payment of a direct debit under the agreed arrangements by giving us written notice. Such notice should be received by us at least 3 business days prior to the due date.
- You may change the direct debit amount by advising us in writing of your requirements no less than 3 business days prior to the due date.
- You may dispute a direct debit drawing by advising us in writing of the full details of the transaction. You must include the account numbers of both the account to be debited and credited, the amount, date, nature and circumstances of the disputed transaction. We will investigate your claim and in the event of a debit being transacted incorrectly, a full refund will be provided within 7 days.

Your commitment to us

- It is your responsibility to ensure that the nominated account can accept direct debits and that sufficient cleared funds are available in the nominated account to meet a drawing on its due date.
- It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based.
- It is your responsibility to advise us in writing if the account nominated by you to be debited is transferred or closed.
- It is your responsibility to arrange with us a suitable alternate payment method if the direct debit arrangements are cancelled either by yourselves or the nominated financial institution.
- It is your responsibility to contact us directly for any query or dispute in relation to any direct debit transactions. Please direct all telephone enquiries to 1300 1300 38.
- It is your responsibility to meet any changes you may incur from your use of the direct debit system.