

# Additional Deposit Form



## Australian Unity Investment Bonds

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

Title  Mr  Mrs  Ms  Miss Date of birth   /   /

Name in full

Residential address (not a PO Box)

Suburb  State

Postcode     Country

Email

### 2. Investment Details

Investment number         Total Deposit Amount \$

I will be paying my investments by:

- BPAY®** – Biller Code 899138 – for details of your Customer Reference number, please call our Investor Team on 1300 133 38 or refer to your Investment Statement issued annually.
- DIRECT DEBIT** – please complete Step Three confirming the frequency of the Direct Debit and also your financial institution account details at Step Four.
- CHEQUE** – please make the cheque payable to "Lifeplan Australia Friendly Society Limited, <investor name>" and cross it "Not Negotiable".

### 3. Direct Debit Details

Please confirm if this request is to  Initiate  Change  Cancel

At least 3 business days notice is required for all requests. For Regular Savings the minimum monthly investment is \$100 per month.

#### Option 1 - Once Only

Once only amount \$           Collection date for direct debit   /   /

#### OR Option 2 - Regular Ongoing Savings Plan (continues indefinitely until otherwise advised in writing by the policy owners)

Regular Savings - please indicate frequency below Amount \$

Weekly  Fortnightly  Monthly  Quarterly Start date for direct debit   /   /

#### OR Option 3 - Instalment Investment Plan (active only for the period defined below)

Instalment Investment Plan I want to invest a total amount of \$

as a series of regular debts of \$         (please indicate frequency below)

Weekly  Fortnightly  Monthly  Quarterly Starting on   /   /

**Note:** This acts as a standing instruction to make additional deposits to your investment via direct debiting the nominated financial institution account until the series debits equals the total amount

## 4. Financial Institution Account Details

Bank Name	<input style="width: 95%;" type="text"/>	Branch	<input style="width: 95%;" type="text"/>
Branch Number (BSB)	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	Account Number	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
Account name	<input style="width: 95%;" type="text"/>		

### Direct Debit Request Authorisation

- I/We authorise Lifeplan (User ID Number: 026445) to debit this nominated account with the contribution shown and/or the direct debit cycle I have selected in Step Three.
- I/We have read the Direct Debit Client Services agreement provided within the Product Disclosure Statement and agree with its terms and conditions.
- I/We acknowledge that I/we may obtain a copy of the Client Service agreement at any time by contacting Investor Services on 1300 133 285.
- I/We acknowledge that this authority will remain in force until written notice is received to cancel/alter this authority.

### Direct Debit Authority

### Investor 2 signature

Signature of Account Owner 1

Signature of Account Owner 2

X

X

## 5. Option Selection

As per my existing option split

**OR** Please specify the amount you wish to invest in each option, details of current investment options are available in the current Product Disclosure Statement.

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**Total % must equal 100%. Total \$ must equate to the Total Deposit Amount \$ entered above in Step Two.**

## 6. Declaration and Signature(s)

I/We confirm that I/we have a copy of the current Product Disclosure Statement (PDS) and that I/we have read, understood and retained for future reference.

I/We acknowledge that the Direct Debit arrangement (if applicable) is governed by the terms of the Direct Debit Client Service Agreement that is available on request.

### Investor 1 signature

Name of Investor 1

Date  /  /

### Investor 2 signature

Name of Investor 2

Date  /  /



### Return by post

(together with any identification documents where relevant)

**Australian Unity - Investment bonds, Reply Paid 89, Adelaide SA 5001**

(no stamp required if mailed in Australia)

If posting from outside of Australia, please send to:

**Head Office: 114 Albert Road, South Melbourne VIC 3205**



### Fax


1800 804 890




### Email


[enquiries@australianunity.com.au](mailto:enquiries@australianunity.com.au)


### Contact us


 Australian Unity  
114 Albert Road, South Melbourne VIC 3205

 [australianunity.com.au/wealth](http://australianunity.com.au/wealth)


### Investor Services


 [enquiries@australianunity.com.au](mailto:enquiries@australianunity.com.au)


 1300 1300 38

 1800 804 890

### Adviser Services

 [investmentbonds@australianunity.com.au](mailto:investmentbonds@australianunity.com.au)

 1300 133 285

 1800 804 890

# 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 of 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 of 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.