☐ Simple Super ☐ Tailored Super

Direct debit authority

For the account holder(s) to complete and sign

DIRECT DEBIT INFORMATION

- This form authorises the fund administrator, The National Mutual Life Association of Australasia Limited to direct debit an amount from the financial institution account you nominate below.
- Direct debiting is not available on the full range of accounts, or may not be offered by some financial institutions. Please contact your financial institution if you are not sure.
- The financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your financial institution's account statements.

DIRECT DEBIT PROCEDURE

We will directly debit your account for your payment amount at your selected frequency and credit it to your plan.
If the direct debit fails because:

- there are insufficient funds in the nominated account, or
- the nominated account is closed

and your plan is on monthly direct debit, we will directly debit two months' contributions in the next lodgement. If this is successful your plan will be up to date and lodgements will continue. If the double lodgement is not successful we will not attempt to lodge again and your plan will be sent a contribution advice directly.

If your direct debit fails and your plan is on a quarterly, half-yearly or yearly frequency, we will directly debit the contributions on the same date in the next month. If this is successful your plan will be up to date and lodgements will continue. If the second lodgement is not successful we will not attempt to lodge again and your plan will be sent a contribution advice directly.

PLAN DETAILS *(Plan and billing details are available from your plan's authorised officer)*

Plan name | Plan reference

Billing group name | Starting date of direct debit system

I/We request that you, until further notice, debit my/our account detailed below, any amount The National Mutual Life Association of Australasia Limited (User ID 109) may debit or charge me, through the direct debit system.

CUSTOMER DETAILS

Title | Surname | Given name(s)

Street number and name

Town/Suburb | State | Postcode

FINANCIAL INSTITUTION AND ACCOUNT DETAILS

Financial institution name | Branch name

Branch street number and name

Town/Suburb | State | Postcode

Account name

BSB number | Account number

Signature of account holder(s) | Date

Please keep a copy of the completed direct debit request for your records

Trustee: National Mutual Superannuation Pty Ltd ABN 31 008 428 322
Can we help? AXA Australia Customer Service PO Box 14669 Melbourne Vic 8001
Telephone 131 345 Fax 1800 644 490
Member of the Global AXA Group

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