St Andrew's AUSTRALIA

Additional contribution form

ADDITIONAL CONTRIBUTION FORM

1. Investor details

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐ Surname

First name

Second name

Address

Account number (if known)

Phone number on which you can be contacted during office hours:

2. Additional contribution details

(a) Regular additional contribution Please alter my regular personal superannuation contributions to the amount shown below:

Amount $ ☐☐☐,☐☐☐.☐☐ X ☐ weekly, ☐ monthly, ☐ quarterly, ☐ annually

Frequency (eg $200.00 X monthly). Regular additional contributions are restricted to direct debits.

(b) Lump sum additional contribution I would like to make a lump sum contribution of:

$ ☐☐☐,☐☐☐.☐☐

to my ☐ SuperChoice Personal Superannuation ☐ Superannuation Savings Plan

3. Type of contribution

☐ Personal contribution – to be claimed as a tax deduction (please complete a Section 270–190 notice available from Client Services: Phone 1300 780 553).

☐ Personal contribution – not claimed as a tax deduction.

☐ Employer contribution – my employer's is:

☐ Spouse contribution – if this is a first-time spouse contribution, please complete the contributor's name and address below.

Contributor's name

Contributor's address

4. Investment portfolio allocation

☐ Please allocate my contribution based on my previous asset allocation.

☐ Please allocate my contributions to the following portfolios:

SuperChoice and Superannuation Savings Plan	**$**	**or**	**%**
Capital Guaranteed	$☐☐☐,☐☐☐.☐☐	or	☐☐☐%
Capital Stable	$☐☐☐,☐☐☐.☐☐	or	☐☐☐%
Balanced	$☐☐☐,☐☐☐.☐☐	or	☐☐☐%
Sharemarket	$☐☐☐,☐☐☐.☐☐	or	☐☐☐%

continued overleaf >

If you need any assistance completing this form you can contact Client Services on 1300 780 553 between 8.30am and 7.00pm (EST) Monday to Friday.

Trustee: St Andrew's Superannuation Services Pty Ltd ABN 75 077 207 240 AFSL 297033 RSE Licence No. L0002950
Administrator: St Andrew's Life Insurance Pty Ltd ABN 98 105 176 243 AFSL 281731
Fund: St Andrew's Superannuation Services Fund ABN 13 400 513 379 SFN 44086 RSE Registration No. R1056631

April 2008

ADDITIONAL CONTRIBUTION FORM

4. Investment portfolio allocation continued

SuperChoice investors only	**$**	**or**	**%**
Growth	$ __ __ __ , __ __ __ . __ __	or	__ __ __ %
Australian Fixed Interest	$ __ __ __ , __ __ __ . __ __	or	__ __ __ %
Listed Property	$ __ __ __ , __ __ __ . __ __	or	__ __ __ %
Australian Shares	$ __ __ __ , __ __ __ . __ __	or	__ __ __ %
Overseas Shares	$ __ __ __ , __ __ __ . __ __	or	__ __ __ %
Total	**$** __ __ __ , __ __ __ . __ __	**or**	__ __ __ **%**

5. Payment details

(a) Cheque payments Please find enclosed a cheque for $ ___ , ___ . __ (Please make cheques payable to St Andrew's)

(b) Direct Debit request

I/We (name or company name)

Request St Andrew's Life Insurance Pty Ltd until further notice to debit my account at the financial institution identified below, any amounts which the Administrator (User ID 241210) may debit or charge me/us through the direct debit system. This request will remain in force in accordance with the terms described in the direct debit service agreement provided to me.

Name of financial institution where account is held

Account name (ie your name or company name)

BSB ___ ___ Account number

Nature of direct debit ☐ One-off ☐ Ongoing

If ongoing please specify frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

You have a choice of four direct debit dates ☐ 1st ☐ 8th ☐ 15th ☐ 22nd

Amount of direct debit $ ___ , ___ . __

6. Authorisation and signature of contributor

I declare that I am gainfully employed or am eligible to contribute to or am eligible to make spouse contributions to the St Andrew's Superannuation Services Fund.

Signature ✗

Date: __ __ / __ __ / __ __ __ __

Direct Debit Service Agreement

We will advise you in writing of the details of the direct debit arrangements (amount; frequency; commencement date) at least 10 calendar days prior to the first deduction.

Where the due date falls on a non-business day, we will deduct the amount on the next business day.

We will not change the amount or frequency of deduction arrangements without your prior approval.

We reserve the right to cancel the deduction arrangements if 3 or more deductions are returned unpaid by your nominated financial institution and to arrange with you another payment method.

We will keep all information about your nominated account at the financial institution, private and confidential.

Your rights:

You may terminate the contribution/premium arrangements at any time by giving written notice to us. Such notice should be received by us at least 5 business days prior to the due date and must be in writing.

You may request a change to the frequency of your contributions/premium arrangements by advising us in writing of your requirements no less than 5 business days prior to the due date.

Where you consider that a payment has been initiated incorrectly you should take the matter up directly with us.

Your responsibilities:

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a payment 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 if the account nominated by you to pay the amount is transferred or closed.

It is your responsibility to arrange with us a suitable alternative payment method if the arrangements are cancelled either by you or the nominated financial institution..