

contribution form



Important

Use this form if you want to make personal contributions. For more information on claiming a tax deduction on your personal contributions, see overleaf.

If you wish to make monthly personal contributions to CareSuper by direct debit from your bank account, you will need to complete all sections of this form.

To make a one-off payment by cheque, attach your cheque to this form and complete sections 1, 2, 4 and 5.



If you are investing in multiple options, please nominate the percentage (%) you would like to invest. Take care your proportions add up to 100%.



Did you know?

You can make one off contributions by BPAY[®] using your internet or telephone banking. Check your most recent statement for your Customer Reference Number and Biller Code, or call the CareSuperLine on 1300 360 149.

1. Your personal details

CareSuper member number (if known) Title

Surname

Given names Date of birth (DD/MM/YYYY) / /

Address

State/Territory Postcode

Telephone (home) Telephone (work)

Mobile number Email address

2. Payment options

I would like to make a:

- Regular payment** (direct debit)
If setting up a regular direct debit payment please complete sections 3, 4 and 7.
- One-off payment** by cheque (attached)
If you are making a one-off voluntary contribution, you can instruct us to invest it differently to your **future** contributions. Simply tick (✓) your chosen investment option(s) below.

Managed options:

- Capital Guaranteed Capital Stable Conservative Balanced
 Balanced (default) Sustainable Balanced Alternative Growth Growth

Asset Class options:

- Capital Secure Direct Property Australian Shares Fixed Interest
 Overseas Shares

Contact us to find out more about the contribution options available.

3. Payment details

Bank name/financial institution

Address of bank/institution at which account is held

State Postcode

Account holder's name

BSB number - Account number

Amount to be debited monthly Deduction to commence (DD/MM/YYYY) / /

\$, . deducted on 20th of each month / /

4. Your Tax File Number (TFN)

I advise that my tax file number is: Tick (✓) if previously provided

Providing your TFN to CareSuper is not compulsory and not supplying it is not an offence. However, if you don't tell us your TFN:

- Your contributions to CareSuper via your employer will be taxed at the highest rate plus Medicare levy
- CareSuper may not be able to accept contributions for you
- You may pay more tax than you have to when you claim your superannuation benefits
- It may be more difficult for CareSuper to locate or consolidate all your superannuation benefits.

Please keep a copy of this document for future reference.



If you are aged 65 or over, CareSuper is required to confirm your employment status before accepting voluntary personal contributions.

Please complete the **Employment questionnaire** form available at caresuper.com.au/forms and return it along with this Contribution form.

You must sign and date this form. All account holders must sign the authorisation.



Return this completed form to:

CareSuper
Locked Bag 5087
Parramatta NSW 2124

For more information call the CareSuperLine

1300 360 149

5. Important information

- Forms returned to CareSuper by the 10th of the month will take effect from the 20th of the same month. Any forms received after the 10th will take effect from the 20th of the following month.
- Direct debit and BPAY® payments are automatically allocated to members' accounts. Cheques can take up to five days to be allocated to a member's account, but the effective date of the contribution is the date the cheque is received by CareSuper.
- Your eligibility to make certain types of contributions may depend on your total super balance. If you reach these limits by 30 June, there will be restrictions on the types and amounts of contributions you can make in the following financial year. More information is available at caresuper.com.au/knowyourlimits.

There is a limit (or cap) to the amount of contributions you can make without incurring additional tax. If you exceed the cap you may have to pay extra tax. Visit ato.gov.au to find out more.

Claiming a tax deduction

If you intend to claim a tax deduction on your contribution, you will also need to complete a **Notice of intent to claim or vary a deduction** form and return to CareSuper before the earliest of the following:

- Making any withdrawal from your account
- Lodging your tax return for the year in which you've made the relevant contribution
- The end of the financial year following the year in which the contribution was made.

The **Notice to intent claim** form is available on the website. For more information on claiming a tax deduction, call the CareSuperLine on **1300 360 149**.

6. Direct debit request service agreement

1. Why an agreement?

Through the direct debit request you are allowing CareSuper to debit amounts from your bank* account. The amount we will debit from your account depends on your instructions to us via the direct debit request form or any changes appropriately notified to us.

2. If CareSuper wants to change this agreement

We will notify you at least 14 days before making any changes to this agreement.

3. If you want to change your direct debit or make an enquiry

Please contact CareSuper (see details below) if you wish to:

- Delay or change your direct debit (you need to advise us in writing at least five business days before the date we will debit your bank account)
- Cancel the direct debit request (you will need to advise us in writing at least five business days before we will debit your bank account), or
- Dispute a debit that has been made from your bank account (CareSuper will acknowledge your communication within five business days).

4. Due date for direct debits, weekends and public holidays

Your account will be debited as per the amount instructed by you, on the 20th of each month. When the due date (i.e. 20th of the month) falls on a weekend or public holiday, your account will be debited the next business day.

5. Make sure you have enough money in your account

You should make sure that you always have enough available funds in your account by the due date for us to debit your account.

If there isn't enough money (i.e. available funds) in your account, we will still make the debit. However, if your bank dishonours the debit we may pass on to you any dishonour fees and/or any costs incurred by CareSuper.

6. Confidentiality

We will keep your bank account details confidential except when disclosure is required at law, if CareSuper's bank needs information about your account, or if you give us permission to reveal your bank details.

7. Check that you give us your correct details

Before completing this direct debit request, please check with your bank that:

- Your nominated bank account permits direct debit, as some banks or other financial institutions do not, and
- The account number you give us is correct (refer to your bank statement or contact your bank if necessary).

* Please note that where we talk about 'bank', this also means other financial institutions.

7. Authorisation

Until further notice advised in writing, I authorise CareSuper to debit my account the amount detailed in this form, from the financial institution I have identified above. I agree to meet any bank charges resulting from my use of the direct debit system. I understand and acknowledge that:

- The financial institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate
- The financial institution may, in its absolute discretion, at any time by notice in writing to me, terminate this request as to future debits, and
- If I wish to vary the amount and/or frequency of future debits I will need to advise the Fund by completing and sending a new form.

Privacy

In completing this **Contribution** form:

- I confirm that I have read the CareSuper Privacy Policy at caresuper.com.au/privacypolicy. I understand how CareSuper intends to handle my personal information and that my personal information will only be used for the purposes specified.
- I consent to the use and disclosure of my personal information to implement my direct debit request.

If you have any questions, please call the CareSuperLine on **1300 360 149**.

Member's signature

Co-account holder's signature (if applicable)

Date (DD/MM/YYYY)

 / /

Date (DD/MM/YYYY)

 / /
