

Direct Debit Request form Member Voluntary Contributions



Please complete and return form to: LESF Administration, GPO Box 1424, Brisbane QLD 4001
Internet: www.lesf.com.au

Please write in BLOCK letters and use a BLUE or BLACK pen. This request will be invalid if unsigned and undated.

Direct Debits are not available on all accounts. Check your financial institution allows direct debits from your account before sending in this form.

MEMBER DETAILS (Please complete in full)

Member Number

(This can be found on your Member Statement)

Mr/Mrs/Ms/Miss/Other

Surname

Given Names

Date of Birth (ddmmyyyy)

Residential Address

Street Number

Street Name

Suburb/Town

State

Postcode

Postal Address (if different from residential address)

Street Number / PO Box

Street Name

Suburb/Town

State

Postcode

Telephone (daytime)

Mobile

Email

TAX FILE NUMBER (TFN) DETAILS

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

LESF may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing to LESF that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to LESF will have the following advantages (which may not otherwise apply):

- LESF will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

I agree to provide my Tax File Number No

Yes – my TFN is:

PAYMENT DETAILS (All account holders must sign the authorisation)

Bank/financial institution name

Street Number

Street Name

Suburb/Town

State

Postcode

Name of account to be debited

BSB number

Account number

Deductions to commence (mmyyyy)

Amount to be debited monthly

\$

deducted on the 20th of each month

This form must be received at least 10 working days before the 20th of the month you select deductions to commence. Deductions will be made monthly on or around the 20th of each month.

AUTHORISATION AND DECLARATION (You must sign and date this form)

Privacy

When your personal details are provided to LESF they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account, including your death and disablement insurance arrangements. If you wish to view our privacy statement please go to www.lesf.com.au.

Authorisation and Declaration

- I declare that I am under age 65, or am aged 65 to 74 and have been in paid employment for at least 40 hours in a period of no more than 30 consecutive days during the financial year, and I understand that if I don't meet this condition, all contributions must be refunded to me after adjustments for fees and investment returns.
- I understand that if I do not provide my TFN to LESF, my direct debit request will not proceed as LESF is prohibited by government legislation from accepting voluntary contributions if they do not have my TFN.
- I consent to the use and disclosure of my personal information to implement my direct debit request.

Until I give further notice in writing, I authorise LESF to debit my account at the financial institution identified on this page, any amount which LESF may debit or charge me through the direct debit system and 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 for future debits; and
- the LESF may, by prior arrangement and advice to me, vary the amount of frequency of future debits.

Signature of member

Dated (ddmmyyyy)

Signature of Co-account Holder (if applicable)

Dated (ddmmyyyy)

MAXIMUM AMOUNT OF MEMBER VOLUNTARY CONTRIBUTIONS

From 1 July 2007, the Government has imposed an annual cap of \$150,000, or \$450,000 per three-year period for members aged under 65. If your member voluntary (non concessional) contributions exceed the cap in any one year we will, generally, accept them but the Australian Tax Office will levy tax on the excess amount over the cap at the highest marginal rate*. (We are not permitted to accept any one contribution exceeding the cap).

If you are 64 or more on 1 July at the financial year in which the contribution is made, we are not permitted to accept member voluntary (non concessional) contributions above \$150,000 in any financial year. Any amount above the cap will be returned to you.

If you are aged over 75 you are not permitted to contribute to your superannuation fund but your benefit can remain in the fund and continue to grow.

There are limited circumstances where certain types of contributions above the cap may be permitted without additional tax being levied.

* plus Medicare levy