

Direct Debit Service Request Form

OneAnswer Frontier Personal Super

1 July 2016

OnePath Custodians Pty Limited (OnePath Custodians)		
ABN 12 008 508 496	AFSL 238346 RSE L0000673	
OnePath MasterFund (Fund)		
ABN 53 789 980 697	RSE R1001525	
OnePath Life Limited (OnePath Life)		
ABN 33 009 657 176	AFSL 238341	
242 Pitt Street, Sydney NSW 2000		

 Customer Services

 Phone
 133 665

 Email
 customer@onepath.com.au

 Website
 onepath.com.au

Instructions			
Complete this form if making contributions via direct debit to your OneAnswer Frontier Personal Super or OneAnswer Personal Super account.			
Once completed, return this form to the following address: OneAnswer, OnePath Life Limited, GPO Box 5306, Sydney NSW 2001			
Note: If you using this form as an employer to make employer contribu- contributions must comply with the Federal Government's SuperStread by a contribution transaction request message in the required format.	m requirements. Each contribution must be accompanied		
1. Member details			
Member number	Date of birth (dd/mm/yyyy)		
Member name			
2. Details of account (account to be debited)			
I/We request and advise OnePath Life (user ID number: 219412) to debi	t my/our pominated account in terms of the payment arrangement		
made between us:	t my/our nonimated account in terms of the payment analigement		
Name of financial			
Branch			
BSB Account num			
Once established the direct debit will occur on the first day of each month (or the next business day).			
Contribution frequency (If no nomination is made, deductions will be	nade monthly.): Quarterly		
Type of Contribution (e.g. Salary Sacrifice or Member)	Amount to be deducted \$		
I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement and I/we			
agree to be bound by, consent to and acknowledge such terms. For further information, refer to the section titled 'Direct Debit Request Service Agreement' in the OneAnswer Frontier Personal Super & Pension Additional Information Guide. I/We understand that where			
a regular deduction is dishonoured, a dishonour fee as described in the OneAnswer Frontier Personal Super and Pension Fees Guide			
is charged and that a processing fee may be charged by my/our financial institution each time a contribution is made.			
I/We consent to the collection, use, storage and disclosure of my/our personal information as described in OnePath's Privacy Policy which			
is available at onepath.com.au, or by calling Customer Services. If I/we have provided information about another person in this application, I/we declare that I/we have the consent of that person to do so. I/we understand that OnePath Custodians requires me/us to inform the			
person concerned that I/we have done so and direct them to the Priva must sign below.	cy Policy which is located at onepath.com.au. All account signatories		
Name of account holder A	Name of account holder B		
Signature of account holder A (sign clearly within the box)	Signature of account holder B (sign clearly within the box)		
×	×		
Date (dd/mm/yyyy) / /	Date (dd/mm/yyyy) / /		

Note: If the nominated account above is transferred, closed or the account details have changed, please complete a Change of Details Form and advise us two weeks before the next direct debit date.

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