

DIRECT DEBIT REQUEST

VOYAGE SUPERANNUATION MASTER TRUST



Oasis Fund Management Limited (Trustee) ABN 38 106 045 050 AFSL 274331 RSE L0001755 is Trustee of the Oasis Superannuation Master Trust (Trust) ABN 81 154 851 339, RSE R1004939

This form is to authorise us to debit another financial institution and make one-off payments to your Voyage Super and/or Pension account and regular payments to your Voyage Super account.

Important information: This form can be used to set up new, cancel or amend existing direct debit details. One-off contributions can also be made by BPAY®, Cheque or electronic funds transfer (EFT).

This form can only be used for contributions made by you, your spouse or for a child. It cannot be used for employer contributions or rollovers from a self-managed superannuation fund (SMSF). All employer contributions and SMSF rollovers are required to be made via SuperStream. For more information about SuperStream, please refer to the Australian Taxation Office website.

PLEASE USE BLACK INK

1

Personal details

Full given name(s):
Surname: Account number (if known):

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Direct debit details

A. Type of request

New plan Amendment to an existing direct debit Cancel an existing direct debit

B. Frequency (regular contributions will be deducted on, or close to, the 8th day of each relevant month)

One-off contribution, date to be deducted: (if left blank, this will be deducted immediately)
 Monthly (Super only)
 Quarterly in March, June, September and December (Super only)
 Half-yearly in June and December (Super only)
 Annually in June (Super only)

C. **Total amount** (Voyage Superannuation Master Trust minimum: \$250 per debit) \$

D. Contribution type (please select one only or if this is a *special contribution* please proceed to Part E)

Personal contribution* Spouse contribution Child contribution

E. Special contributions

Only a one-off contribution can be elected for the below contribution type. This form will be processed once we have received the applicable ATO form available on the ATO website at ato.gov.au/forms. The amount on the ATO form provided must match the amount specified in section 2C of this form.

Downsizer contribution (when selecting this option you must also provide us with the applicable ATO form NAT 75073 (*Downsizer contribution into superannuation form*) before this form can be processed)
 Small business CGT concession contribution (if selecting this option you must also provide us with the applicable ATO form NAT 71161 (*Capital gains tax cap election form*) before this form can be processed)
 Personal injury contribution (if selecting this option you must also provide us with the applicable ATO form NAT 71162 (*Contributions for personal injury election form*) before this form can be processed)
 COVID-19 re-contribution (if selecting this option you must also provide us with the applicable ATO form NAT 75394 (*Notice of re-contribution of COVID-19 early release amounts*) before this form can be processed)

We recommend you speak with your adviser to find out if you are eligible to make the above contribution before submitting this form.

Direct debit contributions will be deposited to your cash account on the second business day following the deduction. When nominating your contribution complete the gross amount. Contributions tax, where applicable, will be deducted from the gross amount.

* To claim a tax deduction, we require you to complete a *Deduction notice for personal contributions* available from your adviser or your Voyage online account at wrainvest.com.au/voyage or the NAT 71121 form, available from the Australian Tax Office website.

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Australian financial institution details

Australian financial institution name:

BSB: Account number:

Account name:

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Declaration and signature

I/We wish to participate in the Voyage Superannuation Master Trust direct debit arrangement. I/we acknowledge that where a direct debit arrangement is in place, it is governed by the terms and conditions contained in this Direct Debit Request form and I/we agree to be bound by, consent to and acknowledge such terms and that where a direct debit arrangement is in place, a processing fee may be charged by my/our financial institution when a direct debit is made. I/We request you, until further notice in writing, to debit the nominated account with any amount which the Trustee or Macquarie Investment Management Limited ABN 66 002 867 003 AFSL 237 492 RSEL L0001281 (User ID 013402) (MIML) may debit or charge me/us in connection with my/their Voyage Superannuation Master Trust direct debit, through BECS (Bulk Electronic Clearing System).

I/We have completed all relevant sections of this form. I/We understand and acknowledge that:

- The account held by my/our nominated financial institution must be in the same name or names as my/our account.
- I/we will allow two Business Days from the date of receipt by the Trustee for funds invested via the direct debit service to be cleared.
- Third Parties authorised to transact on my/our account may not set up a direct debit on my/our behalf.
- My/Our nominated financial institution may in its absolute discretion decide 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/us, terminate this request as to future debits.
- The Trustee may, by prior notice in writing to me/us within 14 days, vary the timing of future debits.
- Regular contributions will be deducted on, or close to, the 8th day of each relevant month. Where the 8th day of the month does not fall on a business day and I am/we are uncertain whether sufficient cleared money will be available to meet the direct debit, I/we will contact the financial institution directly and ensure that sufficient cleared money is available.
- I/We can modify or defer this direct debit at any time by giving the Trustee 14 days notice, in writing. I/We need to do this by the 24th day of the month for the change that I/we am/are requesting to take effect in the following month.
- I/We can stop or cancel this direct debit at any time by giving the Trustee 14 days notice in writing. I/We need to do this by the 24th day of the month for the cancellation to take effect in the following month. Alternatively, I/we can cancel my/our direct debit by taking all of my/our money out of my/our Voyage Super account.
- If at any time I/we feel that a direct debit against my nominated account is inappropriate or wrong it is my/our responsibility to notify the Trustee as soon as possible.
- Direct debiting through BECS is not available on all accounts. I/We can check my account details against a recent statement or check with the financial institution as to whether I/we can request a direct debit from my/our account.
- It is my/our responsibility to ensure that there is sufficient cleared money in my/our nominated account to honour the direct debit request (DDR) for my/our direct debit. I/We understand that my/our direct debit will be automatically cancelled if three direct debit payments are dishonoured because of insufficient money within a 12 month period. The Trustee will give me/us 14 days notice in writing if they intend to cancel my/our plan. The Trustee will also charge the cost of dishonoured direct debits and any loss in the price of the units I/we was/were due to buy against my/our account.
- The Trustee may need to pass on details of my/our direct debit request to their sponsor bank in BECS to assist with the checking of any incorrect or wrongful debits to my/our nominated account.
- I/we authorise the external financial institution(s) nominated on the direct debit form to confirm the BSB, account number and account name to the Trustee if required.
- Where I have elected a special contribution type in section 2E, **I am eligible and within the required timeframe to make this contribution** and funds will be deducted from my account only when the applicable ATO form has been provided to the Trustee.
- The Trustee may not process the request if the amount on the ATO form does not match the amount specified in section 2C. If the amounts differ, the Trustee will notify me/us and may request to submit a new request.**

This form must be signed by all account holders for the account being debited to ensure all parties to the account being debited provide their authorisation.

Signature 1:

Date:

 Title:

Name:

If a company officer, your corporate title:

Signature 2:

Date:

 Title:

Name:

If a company officer, your corporate title: