

How to Apply

The Wealth Plus Application Form (including Foundation Plus and Direct Debit Request Form and Service Agreement) forms part of the Product Disclosure Statements issued by Foresters Financial. To assist you in completing your Application Form please review the following checklist.

Certified copies of identity documents

All applicants need to provide identification as per requirements found in Part 5. A certified copy is a document that has been verified by someone with the legal authority (<https://www.justice.vic.gov.au/certifiedcopies/>) to say it is a true and correct copy of the original document. The certifier needs to see the original document along with the copy. They will examine the copy, then stamp and sign it Verified. Proof of identify documents that have been certified and copied are to be attached/emailed with your Application Form.

If acting as a power of attorney, please provide a certified copy along with the Application Form to Foresters Financial.

Please PRINT the Direct Debit Request Form if credit card payment required

To comply with banking requirements, if you require a direct debit to be set up with a credit card payment option, the Direct Debit Request Form must be printed and mailed in by post.

Completing your Application Form

Steps	Requirement
Part 1: Investor(s) Details	Details of applicant(s). This can be individual and/or joint investors.
Part 2: Foundation Plus	Optional feature to allow you to transfer a Wealth Plus investment bond to a nominated child when they reach a specified age.
Part 3: Principle Contact Details	Only applicable if you require correspondence sent to a different person other than the Investor's details captured in Part 1, Section A.
Part 4: Life Insured	An Investor or Joint Investor can select a Life Insured, upon whose death the Wealth Plus investment bond matures. Once this is selected it cannot be changed.
Part 5: Verification and Proof of Identity	Verification process as per <i>Anti-Money Laundering and Counter Terrorism Financing Act 2006 (AML/CTF Act)</i> (Cth) requirements.
Part 6: Nomination of Beneficiaries	If you wish to nominate a beneficiary(s) to receive part or all of the proceeds of the investments after the death of the last surviving Life Insured.
Part 7: Investment and Contribution Application	Section A: Initial contribution amount and specification of how you wish to invest in each investment option. <i>Please note investment options will be processed using the unit price as at the close of business on the last business day of the month in which it is received.</i> Section B: Regular Savings Plan (optional). If required, the Direct Debit Request Form will also need to be completed.
Part 8: Taxation Information	Each individual investor is required to complete as per Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).
Part 9: Declaration and Signature(s)	Privacy statement, declaration and signature(s) requirements.
Direct Debit Request Form and Service Agreement	For ongoing contributions by credit card payments. This form <u>must be printed and mailed by post</u> to comply with banking requirements.

Once complete please return either by email or post following instruction found on page 10.

Wealth Plus Application Form

Please use **CAPITAL** letters. We recommend you read and retain the current Wealth Plus Product Disclosure Statement dated 1 July 2021 prior to completing this form. If completing online, please ensure to save a copy first.

Part 1: Investor Details

All applicants need to complete this section and provide proof of identification as per requirements found in Part 5. If there is more than one Investor, they will both become members and will own the policy as Joint Investors as per the Fund Rules.

Section A: Investor

Please be aware all correspondence will be sent to this person. Please complete Part 3 if you require alternative contact details.

Title: Mr Mrs Ms Miss Other

First Name: Middle Name:

Last Name:

Date of Birth:

Street Address:

Suburb:

State: Postcode:

Email: Contact Number:

For Anti-Money Laundering purposes please indicate the source of your funds:

Gainful employment Inheritance/gift Business activity

Financial investments Superannuation savings Other (please specify)

Section B: Joint Investor - if applicable

Title: Mr Mrs Ms Miss Other

First Name: Middle Name:

Last Name:

Date of Birth:

Street Address:

Suburb:

State: Postcode:

Email: Contact Number:

For Anti-Money Laundering purposes please indicate the source of your funds:

Gainful employment Inheritance/gift Business activity

Financial investments Superannuation savings Other (please specify)

Part 2: Foundation Plus (optional)

Complete this section if you wish to establish a Foundation Plus policy which will allow you to transfer the Wealth Plus investment bond to a child when they reach a nominated vesting age.

- The nominated child must also be the selected Life Insured (see Part 4).
- If you would like to include more than one child you must complete a separate Application Form per child.

Nominated Child Details

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>		
First Name:	<input type="text"/>				Middle Name:	<input type="text"/>	
Last Name:	<input type="text"/>						
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address:	<input type="text"/>						
Suburb:	<input type="text"/>						
State:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to policy owner(s)	<input type="text"/>				Vesting Age	<input type="text"/>	<input type="text"/>

The nominated Vesting Age must be between 10 and 25 years of age. If no age is selected it will default to 25 years of age.

Please Note:

- As the Investor, you will maintain full control of the policy, which will allow you to change the vesting age but not the child listed as the Life Insured. The Investor is still able to make contributions, withdrawals and switch between investment options until the child reaches the vesting age. An Investor for the Foundation Plus policy must be an adult.
- If the vesting age is between 10 and under 16 years of age, when the child becomes the policy owner they are unable to switch between investment options, nominate a Life Insured or transfer ownership of the policy until they reach 16 years of age. A parent or guardian's consent will be required to transact on the policy. Once the child reaches at least 16 years of age and when the policy has vested, the child will have full control of the policy.
- Should the Investor pass away before the vesting age is reached, then control of the policy will be assigned to the Investor's legal or estate representative to be held in trust until the child reaches the vesting age.

Part 3: Principal Contact Details (if different from Part 1)

ONLY Complete this section if you would like all correspondence to be sent to this person or in the case where you are the Power of Attorney (POA).

Contact Type: POA OR Other

Title: Mr Mrs Ms Miss Other

First Name: Middle Name:

Last Name:

Date of Birth:

Street Address:

Suburb:

State: Postcode:

Email: Contact Number:

Part 4: Life Insured

Wealth Plus matures on the death of the last surviving Life Insured. An Investor or Joint Investors can select a Life Insured, otherwise the Investor or Joint Investors, will default as the Life Insured(s). If the Investor, or Joint Investors, are the Life Insured(s), then the Investor or Joint Investors can also nominate a beneficiary(s). **Once the Life Insured is selected it cannot be changed.**

Please indicate your Life Insured from one of the following options:

- Investor as the Life Insured. Details as found in Part 1;
OR
- Joint Investor as the Life Insured. Details as found in Part 1;
OR
- Both Investor and Joint Investor as the Life Insureds. Details as found in Part 1;
OR
- Foundation Plus nominated child as the Life Insured. Details as found in Part 2;
OR
- Other Life Insured as detailed below:

Other Life Insured

Title: Mr Mrs Ms Miss Other

First Name: Middle Name:

Last Name:

Date of Birth:

Street Address:

Suburb:

State: Postcode:

Email: Contact Number:

Part 5: Verification and Proof of Identity

In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act) Cth, Foresters Financial must verify the identity of each of its investors before providing financial services to them. In order for Foresters Financial to process this application successfully, please forward/attach **original certified copies** of the selected documents listed below along with your Application Form.

Existing members of Foresters Financial do not need to provide proof of identity. Please proceed to Part 6.

Investor

Are you a politically exposed person[^]?

Yes No

Acceptable Primary Photographic ID documents. SELECT ONE.

- Current driver's licence (issued under Australian State/Territory, or a foreign country equivalent, containing a photograph of the individual). Please copy front and back of licence.
- Australian passport (an Australian passport that has expired within the last 2 years is acceptable).
- Foreign passport or an international travel document issued by a foreign government, the United Nations (UN) or an agency of the UN, containing a photograph and signature of the person whose name the document is issued*.
- Card issued under Australian State or Territory law for the purposes of providing a person's age containing a photograph.
- A National Identity Card issued by a foreign government, the UN or an agency of the UN, containing a photograph and signature of the person whose name the card is issued*.

OR

Acceptable Secondary ID documents.

[Mandatory]

A notice issued to an individual showing the current residential address (such as utilities bill within last 3 months or a notice from the ATO within last 12 months) and records the provision of financial benefits/services or the debt owed by the individual.

AND ONE OF THE BELOW:

- Birth certificate or birth extract issued under Australian State/Territory.
- Birth certificate issued by a foreign government, the UN or an agency of the UN*.
- Citizenship certificate issued by the Commonwealth.
- Citizenship certificate issued by a foreign government*.
- A concession (health or pension) card issued by the Department of Human Services or Centrelink.

Joint Investor

Are you a politically exposed person[^]?

Yes No

Acceptable Primary Photographic ID documents. SELECT ONE.

- Current driver's licence (issued under Australian State/Territory, or a foreign country equivalent, containing a photograph of the individual). Please copy front and back of licence.
- Australian passport (an Australian passport that has expired within the last 2 years is acceptable).
- Foreign passport or an international travel document issued by a foreign government, the United Nations (UN) or an agency of the UN, containing a photograph and signature of the person whose name the document is issued*.
- Card issued under Australian State or Territory law for the purposes of providing a person's age containing a photograph.
- A National Identity Card issued by a foreign government, the UN or an agency of the UN, containing a photograph and signature of the person whose name the card is issued*.

OR

Acceptable Secondary ID documents.

[Mandatory]

A notice issued to an individual showing the current residential address (such as utilities bill within last 3 months or a notice from the ATO within last 12 months) and records the provision of financial benefits/services or the debt owed by the individual.

AND ONE OF THE BELOW:

- Birth certificate or birth extract issued under Australian State/Territory.
- Birth certificate issued by a foreign government, the UN or an agency of the UN*.
- Citizenship certificate issued by the Commonwealth.
- Citizenship certificate issued by a foreign government*.
- A concession (health or pension) card issued by the Department of Human Services or Centrelink.

[^]To assist us with complying with AML/CTF laws we require you to disclose whether you (or any of your beneficial owners) are a Politically Exposed Person ('PEP'). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas. This definition also extends to their immediate family members and close associates. Examples include a Head of State, Country or Government, a Government Minister, or equivalent senior politician. A PEP also includes immediate family members of a person referred to above, including spouse, de facto partner, child, and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as a PEP, we may request additional information from you.

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Part 6: Nomination of Beneficiaries

Please complete the following if you wish to nominate a beneficiary(s) to receive the proceeds of any investments after the death of the last surviving Life Insured in accordance with the Fund Rules. If the Investor or Joint Investors are different from the Life Insured, then you cannot nominate a beneficiary unless it is part of a Foundation Plus policy.

Total benefits must equal 100%. However, if you do not allocate a percentage and have more than one beneficiary, then the proceeds will be split evenly amongst your beneficiaries.

Beneficiary 1

% of Benefit: %

Title: Mr Mrs Ms Miss Other:

First Name: Middle Name:

Last Name: Date of Birth:

Email: Contact Number:

Beneficiary 2

% of Benefit: %

Title: Mr Mrs Ms Miss Other:

First Name: Middle Name:

Last Name: Date of Birth:

Email: Contact Number:

Beneficiary 3

% of Benefit: %

Title: Mr Mrs Ms Miss Other:

First Name: Middle Name:

Last Name: Date of Birth:

Email: Contact Number:

Beneficiary 4

% of Benefit: %

Title: Mr Mrs Ms Miss Other:

First Name: Middle Name:

Last Name: Date of Birth:

Email: Contact Number:

If you require further nominations please duplicate this page and complete.

Part 7: Investment and Contribution Allocation

Section A. Initial Investment

Please specify how you wish to invest in each investment option.

The minimum initial contribution required per investment option is \$500.

Initial Contribution Amount: \$

Investment Allocation:

Investment Option	Percentage (%)	Amount (\$)
Capital Guaranteed	% <input type="text"/>	\$ <input type="text"/>
Balanced Fund	% <input type="text"/>	\$ <input type="text"/>
Growth Fund	% <input type="text"/>	\$ <input type="text"/>
High Growth Fund	% <input type="text"/>	\$ <input type="text"/>
Ethical Fund	% <input type="text"/>	\$ <input type="text"/>
Total	% <input type="text"/>	\$ <input type="text"/>

OR

Please ensure % total is equal to 100%

Nominated Term (select between 10-40 years)

If not nominated, the default term is set to 10 years.

Please note that due to the nature of unit-linked pricing, all investment options will be processed as described in the PDS on page 28. Unit pricing does not apply to the Savings & Investment Capital Guaranteed Fund and will be processed upon confirmation of your application.

Initial Investment Payment

Please indicate, from the options listed below, the payment method for your initial investment.

Direct Debit

Direct debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated on the Direct Debit Request Form that forms part of this document. **At least three business days notice is required.**

BPay

Once your original application is accepted, Foresters Financial will contact you by phone or email to provide you with your unique BPay Reference Number. You can make payment with your bank using telephone or internet banking. You will need to quote the biller code and your unique reference number when making your payment. **Please make your payment within 14 days of this notification.**

Electronic Funds Transfer (EFT)

Please transfer funds electronically to the following account:

Bank: Westpac
Name of Account: Foresters Financial Combined
Account BSB: 033059
Account No: 456732
Reference: [please use the Investor's name]

Section B. Regular Savings Plan

Please specify if you wish to contribute to your investment on an ongoing basis by completing the section below. **Payments must be set up via the Direct Debit Request Form that forms part of this document.** If you do not wish to setup a regular savings plan at this stage, please move to Part 8.

I/We wish to participate in the Regular Savings Plan and I/we agree to be bound by the service agreement terms and conditions outlined in the Direct Debit Request Service Agreement.

Start date:

Frequency: Monthly Quarterly Half Yearly Yearly

Please allocate your ongoing contribution amount for each investment option. **The minimum contribution required is \$60 per investment option.** In future, if you wish to change your allocation amount you may do so by calling 1800 773 427 (free call).

Investment Option	Amount (\$)
Capital Guaranteed	\$ <input type="text"/>
Balanced Fund	\$ <input type="text"/>
Growth Fund	\$ <input type="text"/>
High Growth Fund	\$ <input type="text"/>
Ethical Fund	\$ <input type="text"/>
Total Ongoing Contribution Amount	\$ <input type="text"/>

I/We would like to automatically increase my contributions to take advantage of the 125% rule. By ticking this box, I/we confirm instruction to Foresters Financial to increase the contributions on this regular savings plan by the percentage selected below on the anniversary of the policy year.

% Increase per annum: 10% 15% 25%

The 125% Rule, as described in the PDS on page 5, outlines that there is no contribution limit to Wealth Plus in the first bond year, however each subsequent year's contributions can only be up to a maximum of 125% of the previous year's contributions in order to qualify for tax-free withdrawals after 10 years.

Part 8 : Taxation Information

Each individual Investor is required to complete this section.

Why you need to complete this form

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by foreign taxpayers. The Australian Government (through their tax offices) have an agreement which requires financial institutions to collect and report to the Australian Taxation Office (ATO) certain information about the tax residency of account holders. The ATO shares this information with the tax authorities of other jurisdictions. For more information, visit www.ato.gov.au

For any general enquiries, please contact Foresters Financial, however for any specific tax advice on how to complete this section please consult a legal or accounting professional.

Investor:

Please answer the following questions:

1. Are you a tax resident of Australia? Yes No
2. Are you a tax resident of another country? Yes No

If you answered Yes to being a tax resident of another country, please complete the following table indicating the country/jurisdiction of tax residence of the Investor, Tax Identification Number (TIN) or TIN exclusion.

Country/Jurisdiction of tax residence	TIN	If no TIN, list reason A,B or C

TIN Exclusion

Reason A: The country of tax residency does not issue TINs to tax residents

Reason B: The individual has not been issued with a TIN

Reason C: The country of tax residency does not require the TIN to be disclosed

Joint Investor:

Please answer the following questions:

3. Are you a tax resident of Australia? Yes No
4. Are you a tax resident of another country? Yes No

If you answered Yes to being a tax resident of another country, please complete the following table indicating the country/jurisdiction of tax residence of the Investor, Tax Identification Number (TIN) or TIN exclusion.

Country/Jurisdiction of tax residence	TIN	If no TIN, list reason A,B or C

TIN Exclusion

Reason A: The country of tax residency does not issue TINs to tax residents

Reason B: The individual has not been issued with a TIN

Reason C: The country of tax residency does not require the TIN to be disclosed

Part 9: Declaration and Signature(s)

1. Privacy

By signing this application form you acknowledge that you have read, understood and agree to the collection, use and disclosure of your personal information as set out by Foresters Financial in accordance with its Privacy Policy and in accordance with the law. You can obtain a copy of our Privacy Policy via our website forestersfinancial.com.au/privacy-policy or by telephone on 1800 773 427.

2. Method of Communication

By providing your email address, you agree that this email address can be used, where permitted by law, for all investor correspondence types such as transaction confirmations, statements, reports, notices and other material from Foresters Financial.

Alternatively, mark this box if you prefer to receive correspondence by post mail.

3. Declaration and Signature(s)

- I/We acknowledge that the information I/we have provided in this Application Form is true and correct and has been signed by all required parties.
- I/We acknowledge that any applicable proof of identification documents provided to Foresters Financial will be sent certified.
- I/We acknowledge that I/we have read, understood and retained a copy of the current Wealth Plus Product Disclosure Statement dated **1 JULY 2021**.
- I/We acknowledge if I/we have received this Application Form in a printed format from the internet or other electronic means, I/we declare to have received it personally, accompanied by or attached to the complete PDS and any relevant Supplementary PDS.
- I/We agree to be subject to the terms and conditions in the PDS and to the Foresters Financial Constitution, which includes the governing rules of the Fund, as amended from time to time. In particular, you acknowledge that Foresters Financial may from time to time offer goods and services appropriate for your needs and interests.
If you **DO NOT** wish to be updated with such opportunities please mark the box. Foresters Financial may use service providers, such as posting services to assist us in doing so. If you do not mark the box we will assume that you want to hear about these opportunities
- If this Application Form is signed under a Power of Attorney, the Attorney verifies that no notice of revocation of that power has been received at the date of completing this application and will provide a certified copy of the power of attorney along with this form, if not previously provided to Foresters Financial.
- I/We acknowledge that units in the unit-linked investment option(s) are priced and allocated as per the Unit Pricing policy found in the PDS and cannot be allocated until Foresters Financial has received a completed current Application Form and investment monies, which was issued together with this PDS and any Supplementary PDS.
- I/We acknowledge that neither Foresters Financial, nor any other person, guarantees any particular rate of return from any unit-linked investment option nor do they guarantee the repayment of capital from my/our unit-linked investment(s) in the Fund.
- I/We acknowledge that (i) neither the appointed investment manager(s) nor their member companies guarantee the Funds or any rights or obligations in respect of it; and (ii) monies invested in the Funds do not represent investments in Foresters Financial and are subject to investment risk.
- I/We have no reason to suspect that the contribution lodged with this application or any subsequent contributions are, or will be, derived from, or related to, any money laundering, terrorism financing or other illegal activities.
- I/We acknowledge that if Foresters Financial does not receive the required investor identification information or if they require additional investor identification information, Foresters Financial may:
 - Delay the start of my/our investment/withdrawal of funds until they are satisfied with the information received; or
 - Refund my/our contribution or refuse to withdraw funds from my/our investment

Signature of Investor

Full name of Investor

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Joint Investor (if applicable)

Full name of Joint Investor (if applicable)

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Return Details

RETURN BY EMAIL

Ensure to include identification documents where relevant to:
service@forestersfinancial.com.au

OR

RETURN BY POST

Ensure to include identification documents where relevant to:
**PO Box 7702
Melbourne VIC 3004**

OFFICE USE ONLY

Actioned by:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Our privacy policy covers how we handle your personal information and is available at www.forestersfinancial.com.au/privacy or by calling us on 1800 773 427.

Direct Debit Request Form and Service Agreement

Please use **CAPITAL** letters.

To comply with banking requirements, if completing the Credit Card Details section this form must be **mailed by post** to the address listed below.

Date

To Foresters Financial Limited, User ID 028104
PO Box 7702
Melbourne VIC 3004

Account Holder 1/
Company Name

Account Holder 2
(if joint policy)

ABN/ ARBN
(if applicable)

I/We, request and authorise you, Foresters Financial Limited, until further notice in writing to debit the nominated account described in the schedule below to pay for investment or Bonds policies.

I/We understand and acknowledge that:

1. The Bank/Financial Institution may in its absolute discretion determine the order of priority of payments by it of any money’s pursuant to this request or any authority or mandate; and
2. The Bank/Financial Institution may in its absolute discretion at any time by notice in writing to me/us terminate this request as to future debits.
3. I/We acknowledge that this direct debit or charge will be arranged by Foresters Financial’s financial institution and made through the Bulk Electronic Clearing System Framework (BECS) from our nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Payment Method

A. Bank Details

Name/s on Account

Bank

BSB Number (Must be 6 Digits) Account Number

Signature Account Holder 1 Date

Signature Account Holder 2 Date

AND/OR

B. Credit Card Details

To comply with banking requirements, if completing the Credit Card Details section this form must be printed and **mailed by post**.

Visa OR Mastercard

Credit Card Number

Expiry Date Security Code/CVV
(3 digit number on the back of your card)

PLEASE NOTE: American Express cards are not accepted.
11

Payment Frequency

A. One-off Payment

Credit Card OR Bank Account

Amount to be deducted \$

Deduction to be made on/or after this date

AND/OR

B. Ongoing Payment

Credit Card OR Bank Account

Amount to be deducted \$ Target Amount \$

Frequency of deductions Monthly Quarterly Half-Yearly Yearly

Deduction to be made on/or after this date

Contact Details - Account Holders (MUST be completed regardless of chosen Payment Frequency)

Account Holder 1

Name
Street Address
Suburb
State Postcode
Phone
Email

Account Holder 2

Name
Street Address
Suburb
State Postcode
Phone
Email

Signature - Account Holders MANDATORY

Signed in accordance with authority on your account:

Signature

Date

Contact details as above

Signature

Date

Contact details as above

OR Contact Details - Company

Signatory 1

Name
Street Address
Suburb
State Postcode
Phone
Email

Signatory 2

Name
Street Address
Suburb
State Postcode
Phone
Email

Signature - Company

Signed in accordance with authority on your account:

Signature

Position Held

Date

Contact details as above

Signature

Position Held

Date

Contact details as above

Direct Debit Request (DDR) Service Agreement

This document outlines Foresters Financial Limited, User ID 028104, ABN 27 087 648 842 obligations to you, in respect of the DDR arrangements made between Foresters Financial and you. It sets out your rights and obligations to us, together with where you should go for assistance.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

DEFINITIONS

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

Direct Debit Request (DDR) means the written, verbal or online request between us and you to debit funds from your account.

us or we means Foresters Financial, (the Debit User) you have authorised by requesting a Direct Debit Request.

you means the customer(s) who has authorised the Direct Debit Request.

your financial institution means the financial institution at which you hold the *account* you have authorised us to debit.

INITIAL TERMS OF AGREEMENT

In terms of the DDR arrangements specified on your DDR Form we undertake to periodically debit the nominated account for the agreed amount for contributions to your Policy.

DIRECT DEBIT ARRANGEMENTS

The first direct debit under this DDR arrangement will occur in accordance with your DDR form. If any direct debit falls due on a non-banking day, it will be debited to your account on the next business day following the scheduled direct debit date.

We will give you at least 14 days' notice in writing when changes to the initial terms of the arrangements are made. The notice will state relevant changes to the initial terms.

CHANGES TO THE ARRANGEMENT

All changes to the DDR arrangements must be in writing and forwarded directly to Foresters at least 7 business days prior to the date of your specific change. These changes may include:

- Deferring a direct debit; or
- Altering the schedule; or
- Stopping an individual debit; or
- Suspending the DDR; or
- Cancelling the DDR completely.

If you wish to discuss any changes to the initial terms, telephone us on 03 8580 4000 or 1800 773 427 (free call).

YOUR COMMITMENT TO US

It is your responsibility to ensure that:

- Your nominated account can accept direct debits (your financial institution can confirm this) as this option may not be available on all accounts via the Bulk Electronic Clearing System (BECS);
- On the direct debit date there are sufficient cleared funds in the nominated account;
- You advise us if the nominated account is transferred or closed;
- You arrange a suitable payment alternative should your bank terminate the DDR for any reason;
- You ensure that all authorised signatories nominated on the financial institution account to be debited sign the Direct Debit Request;
- You check your account statement to verify that the amounts debited from your account are correct; and
- You check with your financial institution before completing the DDR if you have any queries about how to complete the DDR.

If a direct debit is returned or dishonoured by your financial institution, you will be advised in writing that we will add that debit amount on the next scheduled direct debit date. Any transaction fees incurred by us in respect to the above may be recovered by adding that amount to the next scheduled direct debit.

DISPUTES

If you believe that a direct debit has been initiated incorrectly, we recommend that you take the matter up directly with us by contacting us on 03 8580 4000, or 1800 773 427 (free call), during office hours.

If the dispute is unresolved and/or you are dissatisfied with the response, contact your financial institution who will respond to your claim. You will receive a refund of the direct debit amount if we cannot substantiate the reason for the direct debit.

ENQUIRIES

Direct all enquiries to us, rather than your financial institution, at least 5 business days prior to the next scheduled direct debit date. All communication should include your member and policy numbers.

Simply contact us on 03 8580 4000, or 1800 773 427 (free call), during office hours.

CONFIDENTIALITY

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you to the extent specifically required by law; or for the purposes of this agreement (including disclosing information in connection with any query or claim).