

# EDUCATION BOND

Application Form

FORESTERS  
FINANCIAL



## How to apply

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

Please note: Your application will be delayed if we do not receive a fully completed Application Form. Upon approval of your application and receipt of cleared funds, your application will be processed within three business days.

- Certified copies of identity documents**  
All applicants need to provide identification as per requirements found in Part 3. A certified copy is a document that has been verified by someone with the legal authority ([www.justice.vic.gov.au/certifiedcopies](http://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 (POA)**, please provide a certified copy along with the Application Form to Foresters Financial.

## Completing your Application Form

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	Requirement
<b>Part 1:</b> Investor(s) Details	Details of applicant(s). This can be individual and/or joint investors.
<b>Part 2:</b> Power of Attorney Details	Only applicable if you require a Power of Attorney to sign on your behalf.
<b>Part 3:</b> Life Insured	An Individual Investor can be the Life Insured or they can select someone else to be the Life Insured. Joint Investors default as the Life Insureds'.
<b>Part 4:</b> Verification and Proof of Identity	Verification process as per Anti-Money Laundering and Counter Terrorism Financing Act 2006 (AML/CTF Act) (Cth) requirements.
<b>Part 5-7:</b> Beneficiaries and Policy Guardian	Select who will be the Education Beneficiary, the Death Benefit Nominee and (optional) add a Policy Guardian.
<b>Part 8:</b> Investment Amount & Term	Confirm the Term of the Bond Initial contribution amount and specification of how you wish to invest in each investment option. Regular Savings Plan (optional). If required, the Direct Debit Request Form will also need to be completed.
<b>Part 9:</b> Taxation Information	Each individual investor is required to complete as per Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).
<b>Part 10:</b> Declaration and Signature(s)	Privacy statement, declaration and signature(s) requirements.
Direct Debit Request Form and Service Agreement	Use to setup ongoing contributions via a direct debit with a bank account.

Once complete please return either by email or post.



## Part 2: Power of Attorney Details

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ONLY complete this section if you are applying under a Power of Attorney (POA). You must also provide a certified copy of the POA along with the application form. Please note that all certifications must be dated within the last 12 months.

### POA

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
First Name	<input type="text"/>			Middle Name	<input type="text"/>	
Last Name	<input type="text"/>					
Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>					
Suburb	<input type="text"/>			State	<input type="text"/>	<input type="text"/>
Telephone (Day)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>					

### Joint POA - if applicable)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
First Name	<input type="text"/>			Middle Name	<input type="text"/>	
Last Name	<input type="text"/>					
Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>					
Suburb	<input type="text"/>			State	<input type="text"/>	<input type="text"/>
Telephone (Day)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>					

### Part 3: Life Insured

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The Education Bond matures on the death of the last surviving Life Insured.

For Individual Investor's, you can be the Life Insured or you may select someone else to be the Life Insured.

For Joint Investors, you both default as Life Insureds'.

An applicant that is a Company or Trust must select a person as the Life Insured.

Once the Life Insured is selected it cannot be changed.

Please select from the options below:

I am an Individual Investor so please use my details as previously provided in Part 1. **Proceed to Part 4;**

OR

I wish to nominate the following person as the Life Insured:

#### Other Life Insured

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>									
First Name	<input type="text"/>			Middle Name	<input type="text"/>										
Last Name	<input type="text"/>														
Birth Date	<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"/>	<input type="text"/>			
Telephone (Day)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>														

## Part 4: 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. To process this application successfully, please forward/attach original certified copies of the selected documents listed below along with your Application Form.

### Investor

Are you a politically exposed person<sup>^</sup>?

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

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<sup>^</sup>?

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

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.

<sup>^</sup>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 5: Policy Guardian (optional)

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Individual Policyholders may nominate a Policy Guardian to take charge of the Education Bond in the event of their death or mental incapacity. The Policy Guardian will act only as a custodian on behalf of you and the beneficiary, meaning they will not be able to significantly alter any arrangements you have made.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
First Name	<input type="text"/>			Middle Name	<input type="text"/>	
Last Name	<input type="text"/>					
Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>					

### Part 6: Education Beneficiary

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Please list the person who is to be the beneficiary for the Education Bond (i.e. the child or student). This can be changed at a later date if required.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
First Name	<input type="text"/>			Middle Name	<input type="text"/>	
Last Name	<input type="text"/>					
Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>					

### Part 7: Death Benefit Nominee (Optional)

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Please complete the following if you wish to nominate a beneficiary to receive the proceeds of any investments after the death of the last surviving Life Insured in accordance with the Fund Rules.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
First Name	<input type="text"/>			Middle Name	<input type="text"/>	
Last Name	<input type="text"/>					
Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>					

## Part 8: Investment Amount & Term

The default Bond Term is set at 40 years. OR:

I wish to nominate a Bond Term (between 10-40 years) of   years.

### 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 Options	Percentage (%)	Amount (\$)
Sustainable Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Balanced Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Growth Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
High Growth Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Total</b>	<input type="text"/> <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please ensure % total is equal to 100%

Please note that due to the nature of market-linked pricing, all investment options will be processed as described in the PDS.

**Important:** The preferred payment method is BPAY and/or direct debit to ensure timely processing of unit price purchases. Foresters is unable to purchase units until we have received your cleared funds. Upon approval of your application and receipt of cleared funds, your application will be processed within three business days.

### Initial Investment Payment

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

#### BPAY

Once your application is approved, Foresters Financial will contact you by email or phone to provide you with your unique BPAY Reference Number. BPAY accepts payment using your bank account or credit card, paid via your internet banking. You will need to quote the biller code and your unique reference number that you will receive from us.

#### 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.

#### Electronic Funds Transfer (EFT)

Please transfer funds electronically to the following account:

Bank: Westpac

Name of Account: Foresters Financial Ltd

Account BSB: 033059

Account No: 774837

Reference: [please use the Investor's name]



### 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 7.

Start Date

Frequency  Fortnightly  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 645 326 (free call).

Investment Options	Amount (\$)
Sustainable Fund	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Balanced Fund	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Growth Fund	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
High Growth Fund	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Total Ongoing Contribution Amount</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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, outlines that there is no contribution limit to the Education Bond 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.

## Part 9: Taxation Information

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Please Note: 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](http://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:

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

## Part 10: Declaration and Signature(s)

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### 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](http://forestersfinancial.com.au/privacy-policy) or by telephone on 1800 645 326.

### 2. Method of Communication

By providing your email address, you agree that this email address can be used, to the extent permitted by law, for all investor correspondence types such as transaction confirmations, statements, reports, notices and other material from Foresters Financial. If this method is not suitable and you require correspondence by post, please contact Foresters Financial.

### 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 Foresters Financial Education Bond Product Disclosure Statement dated 6 September 2023 (PDS).
- 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, I/we acknowledge that Foresters Financial may from time to time offer goods and services appropriate for my/our needs and interests.  
 Please mark this box if you **DO NOT** wish to be updated with such opportunities. Foresters Financial may use service providers, 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 market-linked investment option(s) are priced and allocated as per Foresters Financial Unit Pricing policy 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 market-linked investment option nor do they guarantee the repayment of capital from my/our marketlinked 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 (or POA if applicable)

Full name of Investor (or POA if applicable)

Date

       

Signature of Joint Investor (or Joint POA if applicable)

Full name of Joint Investor (or Joint POA if applicable)

Date

## Return Details

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### 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

Member Number

Policy Number

# Direct Debit Request (DDR) Form

Please use CAPITAL letters.

Date

To Email to  
service@forestersfinancial.com.au

Or via post 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 insurance, 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

### 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

Please see next page to ensure full completion of the form.

**Payment Frequency**

**A. One-off Payment**

Amount to be deducted \$  .

Deduction to be made on/or after this date

AND/OR

**B. Ongoing Payment**

Amount to be deducted \$  .  Target Amount \$  .

Frequency of deductions  Fortnightly  Monthly  Quarterly  Half-Yearly  Yearly

Deduction to be made on/or after this date

**Contact Details – Account Holders (MUST be completed regardless of the 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

**Contact Details – Corporate Investor**

**Signatory 1**

Name   
Street Address   
Suburb   
State  Postcode   
Phone   
Email

**Signatory 2**

Name   
Street Address   
Suburb   
State  Postcode   
Phone   
Email

**Signature – Corporate Investor**

*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

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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 1800 645 326 (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.

## Direct Debit Request (DDR) Service Agreement

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### Disputes

If you believe that a direct debit has been initiated incorrectly, we recommend that you contact us on 1800 645 326 (free call) during office hours, so we can assist you.

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 1800 645 326 (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).



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