Direct debit request form

Mason Stevens Limited ABN 91 141 447 207 AFSL 351578

Request and authority to debit the account named below to pay Mason Stevens 1

Your surname or company name

Given names or ABN/ARBN "you"

Mason Stevens account number (if known)

request and authorise **Mason Stevens Limited (Mason Stevens), User ID 510346** to **arrange, through its own financial institution, a debit as directed in Part 3 to your nominated account any amount Mason Stevens has deemed payable by *you***.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Details of account to be debited 2

Financial institution name

Address

Suburb State Postcode

Country

Account name

BSB number (must be 6 digits) Account number

Details of your direct debit facility 3

☐ Ongoing debit authority (giving your adviser the authority to debit your nominated bank account as they see fit to meet your investment needs)

☐ Single (i.e. one-off) $ Date DD / MM / YYYY

☐ Regular Frequency ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

$ First payment date DD / MM / YYYY

☐ Top up (top up to minimum cash balance on the 25th of each month)

If your cash balance falls below the required minimum you authorise Mason Stevens to direct debit your abovementioned nominated account on 25th of the month to top up your cash balance to the required minimum. Please refer to the relevant disclosure document for further information.

Acknowledgement & signature 4

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Mason Stevens** as set out in the Request and in your Direct Debit Request Service Agreement.

Address (Signatory 1)

Suburb State Postcode

Country

Signature 1

(If signing for a company, sign and print full name and capacity for signing e.g. Director)

Print Name

Capacity

Date DD / MM / YYYY

Address (Signatory 2)

Suburb State Postcode

Country

Signature 1

(If signing for a company, sign and print full name and capacity for signing e.g. Director)

Print Name

Capacity

Date DD / MM / YYYY

Direct debit request service agreement

This is your Direct Debit Service Agreement with Mason Stevens Limited ABN 91 141 447 207. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

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 means the Direct Debit Request between *us* and *you*.

us or ***we*** means **Mason Stevens Limited**, (the Debit User) *you* have authorised by requesting a *Direct Debit Request*.

you means the customer who has signed or authorised by other means the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

1. Debiting your account

1.1 By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

or

We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.

1.3 By agreeing to give your adviser ongoing direct debit authority you are giving your adviser the authority to debit your nominated bank account as they see fit to meet your investment needs.

1.4 If the *debit day* falls on a day that is not a *banking day*, we may direct your *financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited you should ask *your financial institution*.

1.5 A Direct Debit may take three days for the request to be cleared.

2. Amendments by *us*

2.1 *We* may vary any details of this agreement or a *Direct Debit Request* at any time by giving *you* at least fourteen **(14) days** written notice.

3. Amendments by *you*

3.1 *You* may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen **(14 days)** notification by writing to:

Mason Stevens Limited
Level 26, 420 George Street, Sydney NSW, 2000

or

by telephoning us on **1300 491 766** during business hours;

or

arranging it through your own financial institution, which is required to act promptly on your instructions.

*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us, **Mason Stevens Limited**, your new account details.

4. Your obligations

4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:

a. *you* may be charged a fee and/or interest by your *financial institution*;

b. *you* may also incur fees or charges imposed or incurred by *us*; and

c. *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.

4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct

5. Dispute

5.1 If you believe that there has been an error in debiting *your account,* you should notify us directly on **1300 491 766** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.

5.2 If we conclude as a result of our investigations that *your* account has been incorrectly debited *we* will respond to *your* query by arranging for your *financial institution* to adjust *your* account (including interest and charges) accordingly. *We* will also notify you in writing of the amount by which *your account* has been adjusted.

5.3 If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

6. Accounts

You should check:

a. with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.

b. *your* account details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and

c. with *your financial institution* before completing the *Direct Debit Request* if you have any queries about how to complete the *Direct Debit Request.*

7. Confidentiality

7.1 *We* will keep any information (including *your account* details) in your *Direct Debit Request* confidential. We will make reasonableefforts 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 ofthat information.

7.2 *We* will only disclose information that we have about *you*:

a. to the extent specifically required by law; or

b. for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Notice

8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to

Mason Stevens Limited
Level 26, 420 George Street
Sydney, NSW 2000

8.2 *We* will notify *you* by sending a notice in the ordinary post to the address you have given *us* in the *Direct Debit Request.*

8.3 Any notice will be deemed to have been received on the third *banking* day after posting.

Please return the completed and signed form to Mason Stevens by:
Email: wealth@masonstevens.com.au | Fax: 02 8270 0298
Post: Mason Stevens Level 26, 420 George Street, Sydney NSW, 2000
Please note: only originally signed and posted forms will be accepted for change of email and change of name.