



**Member kit**  
(includes Application form)  
Preparation date: 1 December 2023

# What to do next

After you've read the Product Disclosure Statement (PDS), just complete the following steps.

## > Complete the Application form

Complete and return the *Application* form on the following page. The minimum amount required to open a smartMonday DIRECT account is **\$5,000**.

## > Set up your contributions

You can make your initial and regular contributions by EFT, BPAY, or direct debit from your bank account.

- 🔗 By EFT, complete and return a *Lump sum contribution* form each time, contained in this kit.
- 🔗 For deductions from your bank account, also complete the *Direct debit request and agreement form* contained in this kit.
- 🔗 If by BPAY, you'll need the relevant BPay Biller Code and Customer Reference Number. These are available online by logging into your account select 'Personal Contributions' and then 'Make a contribution'.
- 🔗 Consider having your employer make SG contributions to your account. See the *It's your choice* form on the website for more information.

## > Choose your investments

Before choosing your investment options, you should read the important information in our latest PDS guide *Your investment options* available on the website at [smartmonday.com.au](http://smartmonday.com.au).

If you don't choose an investment option on this application form, your application cannot be accepted.

## > Consider your insurance

Insurance is available on an 'opt-in' basis. Tick the box in the *Your insurance options* section of the *Application* form if you want Standard cover in your smartMonday DIRECT account. Additional costs apply if you want insurance cover. See the PDS *Insurance* guide for more information about the types of insurance and costs.

If you wish to apply for Full Cover or Additional Cover, you will need to also complete and return a *Personal statement and declaration of health* form, available in the forms section of the website.

If you wish to transfer cover from another super fund, completed the *Individual insurance transfer form*, available on the website. We will notify you if further information is required to support your application.

**IMPORTANT:** Your insurance may be cancelled if your account becomes 'inactive'. You can avoid this by making regular contributions and maintaining a sufficient balance to support the monthly deduction of insurance costs from your account. Alternatively, you can provide us with an election to maintain your cover.

## > Consider keeping your super in one place

You can transfer (roll over) super benefits from other funds into your account with smartMonday DIRECT. Complete and return the *Rollover initiation request to transfer whole balance of superannuation benefits between funds* form contained in this kit and return it with a certified copy of your photo ID—see *Completed proof of identity* on page 2 form.

## > Consider spouse membership

If your spouse would like to join the fund, they should obtain their own copy of the PDS, then complete and return the *Application* form, including the *Spouse details* section.

## > Nominate a beneficiary

Complete the *Binding death benefit nomination* form contained in this kit to make a binding nomination. Alternatively, you can make a non-binding death benefit nomination for your super account by going online once you've received your username and registered for online services.

## > Appointing a financial adviser

To appoint a financial adviser to your account, please complete and return a *Authority to Advise* form available from [smartMonday.com.au](http://smartMonday.com.au)

## > Keep us updated of changes to your details

Complete a *Change member details* form or log in online and make the changes at [smartMonday.com.au](http://smartMonday.com.au) once you've received your username and registered for online services.

# Application

Issue date: 1 December 2023

Complete this form to become a member of smartMonday DIRECT ('the fund').

A minimum initial contribution or transfer of \$5,000 is required to open your account.

## Your details

If you have any questions, please call us on **1300 880 588** or email [enquiries@contact.smartmonday.com.au](mailto:enquiries@contact.smartmonday.com.au)

For more information go to our website [smartmonday.com.au](http://smartmonday.com.au)

Title	Given name
Surname	
Date of birth	Gender (M, F)
Phone	Mobile
Email	
Occupation	

**Occupation factor:** If you opt-in to insurance cover (later in this form), it is very important that you select one of the occupation factors listed below that best reflects the normal duties you perform in your occupation. If you don't tick a box, we will apply the default setting of 'Heavy Blue collar', and this will increase the cost of your insurance cover (if you choose insurance cover later in this form). For more information about the factors for different sorts of occupations, please refer to the *AIA Australia Occupation Ratings Guide* at [smartmonday.com.au](http://smartmonday.com.au)

- Professional – Professionals, executives and senior management with tertiary qualifications and high incomes
- White collar – Office-based occupations with no manual work. e.g. clerical or administrative roles.
- Grey collar – Occupations that are primarily non-manual but may involve light manual duties only such as hairdresser, shop assistant, florist, cashier.
- Blue collar – Occupations that involve a moderate degree of manual work, or recognised qualified trades such as baker, electrician, mechanic.
- Heavy blue collar – Occupations that involve heavy manual work or those with a degree of additional risk of disability such as gardener, tyre fitter, welder.

**Send your completed form to: smartMonday, Locked Bag 20128, Melbourne VIC 3001 (no stamp required).**

## Your details (*continued*)

Address

Suburb

State

Postcode

**If your postal address is different from your residential address, provide details below.**

Postal address

Suburb

State

Postcode

## Spouse details

Complete this section if your spouse is already a member.

Title

Given name

Surname

Date of birth

Member number

## Tax file number (TFN) declaration

I understand that I don't have to provide my TFN, however if I don't, my concessional contributions may be taxed at the highest marginal tax rate and that the trustee will not be able to accept non-concessional contributions on my behalf. I am choosing to provide my TFN to the trustee:

- > to facilitate the administration of my super account, and to facilitate any other uses authorised by super or taxation law.
- > to facilitate the search for and consolidation of my super accounts, by seeking super information from the Australian Taxation Office (ATO) and/or a RSA provider or superannuation entity, as law allows.

Your TFN will be provided to any new fund to which you may later transfer, unless you advise us otherwise.

Tax file number

## Investment options

Please note:

- > The options you choose below must total 100%
- > When selecting your investments, there is a minimum weighting of 5% in each investment option
- > Your initial contribution/rollover will be invested in the investment options you select below, and we will continue to invest your contributions in the selected options
- > If you want to change your investment strategy after you join, you can switch between investment options online or by sending us a completed *Switching investment options* form available on the website.

### **Automatic rebalancing (optional)**

- > Automatic rebalancing will apply only in quarters where the actual allocation in one or more investment options is at least 5 percentage points higher or lower than your intended allocation.
- > Subject to the above point, automatic rebalancing will occur on or around the following dates:
  - └ 10 December
  - └ 10 March
  - └ 10 June
  - └ 10 September.
- > If you change your portfolio options or asset allocation, this will cancel the automatic rebalancing facility and you will need to apply for its reinstatement.

Yes, I wish to opt in to automatic rebalancing.

## Investment options (continued)

Pre-mixed options	Current account balance	Sector options	Current account balance
High Growth – Index	%	Australian Shares – Index	%
High Growth – Active	%	Australian Shares – Diversified	%
Growth – Index	%	Australian Shares – Core	%
Growth – Active	%	International Shares – Index	%
Balanced Growth – Index	%	International Shares – Diversified	%
Balanced Growth – Active	%	Property – Australian Index	%
Moderate – Index	%	Property – Diversified	%
Moderate – Active	%	Fixed Interest – Diversified – Index	%
Defensive – Index	%	Fixed Interest – Diversified	%
Defensive – Active	%	Cash	%
		<b>Total</b>	<b>100%</b>

## Your insurance options

- > If you opt-in for automatic insurance cover (by ticking the box below), you will automatically receive Standard cover for Death and TPD when you join the fund. To be eligible for Standard cover, you must be under 65, and be an Australian resident or hold a visa that allows you to stay or work in Australia.
- > For the first 2 years your Standard cover will be limited to New Events—see the PDS for details. If you don't want the New Events limitation to apply you can apply for Full Cover in the next section by ticking the box for each type of cover.
- > **IMPORTANT:** Your insurance may be cancelled if your account becomes 'inactive'. You can avoid this by making regular contributions and maintaining a sufficient balance to support the monthly deduction of insurance costs from your account. Alternatively, you can provide us with an election to maintain your cover.
- > **IMPORTANT:** if you opt-in for insurance cover, it is very important that you select an occupation factor from the list below that accurately reflects the type of work you do. For more information about ratings for different sorts of occupations, please refer to the *AIA Australia Occupation Ratings Guide* at [smartmonday.com.au](http://smartmonday.com.au)

### Opt-in to Standard cover (Death and TPD)

## Death and Total and Permanent Disablement (TPD) cover

You can apply for additional death and TPD cover (known as Voluntary cover), or transfer cover you may have with another super fund or insurer, or apply for Full Cover by ticking the relevant boxes below:

Death cover	\$		<i>amount of additional or transferred cover</i>
		Full Cover*	Transfer of cover†
TPD cover	\$		<i>amount of additional or transferred cover</i>
		Full Cover*	Transfer of cover†

## Income protection cover

Complete this section if you wish to apply for income protection cover\*. Cover is only available if you are under 65, and permanently and gainfully employed for at least 15 hours per week. Your cover will not be in force until you have been accepted by the insurer and advised by us in writing.

Your taxable salary \$

Transfer of external cover†

Maximum benefit period (*select one box only*)

2 years                      5 years                      To age 65

Waiting period (*select one box only*)

30 days                      60 days                      90 days

I would like to insure myself for an additional

% (up to 10%) of pre-disability income to be paid into my smartMonday DIRECT super account.

\* You must also complete and return a *Personal statement and declaration of health* form available on our website, or call us on 1300 880 588.

† Complete and return an *Individual insurance transfer* form available on our website.

## Privacy

The fund is subject to the trustee's privacy statement, which is available at [eqt.com.au/global/privacystatement](http://eqt.com.au/global/privacystatement)

## Your declaration and agreement

- > I have received and read the smartMonday DIRECT PDS. I acknowledge that some terms and conditions (as set out in that PDS) may have changed over time.
- > on being admitted as a member of the fund I will be bound by the trust deed and the rules thereunder
- > I understand that if I have opted-in and am eligible for insurance cover I will automatically receive Standard cover for death and TPD on joining the fund, and insurance costs will be deducted from my account unless I cancel my cover or my account balance cannot sustain deductions of insurance costs.
- > If I have opted-in for insurance cover, I have selected an occupation factor (on page 1 of this form) that is a reasonable and accurate reflection of the type of work I perform.
- > I have read the trustee's privacy statement and I consent to my personal information and sensitive information being handled in accordance with that statement.
- > if I am disclosing personal information about another person (my spouse or dependants), I have obtained their consent to disclose their personal information to you and I have made them aware that you may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If I have not obtained the consent of the other person, I will inform you of such.

Signature

Date

Send your completed form to: smartMonday, Locked Bag 20128, Melbourne VIC 3001 (no stamp required).





# Completing the form *Rollover initiation request to transfer whole balance of superannuation benefits between funds*

By completing this form, you will initiate a rollover request to transfer the **whole** balance of your super benefits between funds. This form can **not** be used to transfer part of the balance of your super benefits.

You can **not** use this form to transfer your benefits to your own self-managed super fund (SMSF). You must use the form *Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund* (NAT 74662).

This form will not change the fund to which your employer pays your contributions. The *Standard choice* form must be used by you to change funds.

## BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits **TO** can accept this transfer.

## WHEN COMPLETING THIS FORM

- Refer back to these instructions where a question shows a message like this:
- Print clearly in BLOCK LETTERS.

## AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Send the request form to either your **FROM** fund or your **TO** fund

## IMPORTANT INFORMATION

This transfer may close your account – you will need to check this with your **FROM** fund.

This form can **not** be used to:

- transfer part of the balance of your super benefits
- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer super from
- change the fund to which your employer pays contributions on your behalf
- open a super account
- transfer benefits under certain conditions or circumstances – for example, if there is a super agreement under the *Family Law Act 1975* in place

## CHECKLIST

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your **TO** fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?

## WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**.

If you wish to change the fund into which your employer contributions are being paid, you will need to speak to your employer about super choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [ato.gov.au](http://ato.gov.au) or call the Australian Taxation Office (ATO) on **13 10 20**.

## THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your super, your entitlements under that fund may cease – you need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you.

Some of the points you may consider are:

- **Fees** – your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees, and exit or withdrawal fees. Your **TO** fund may also charge entry or deposit fees on transfer. Differences in fees that funds charge can have a significant effect on the super you will have to retire on – for example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have – other funds may not offer insurance, or may require you to pass a medical examination before they cover you.
- When considering a new fund, you should consider checking the costs and amount of any cover offered.

## WHAT HAPPENS IF YOU DO NOT QUOTE MY TAX FILE NUMBER (TFN)?

You are not required to provide your TFN to your super fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate, plus the Medicare levy, on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your super fund does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

## TRANSFERS TO SELF-MANAGED SUPER FUNDS

You must use the form *Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund* (NAT 74662) to transfer your benefits to your own self-managed super fund (SMSF).

## HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document – a linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents:

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

## CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of **original** proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping '**certified true copy**' followed by their signature, printed name, qualification – for example, Justice of the Peace or Australia Post employee – and date.

The following people can certify copies of the originals as **true and correct** copies:

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a justice of the peace
- a notary public officer
- a police officer
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous service with one or more financial institutions
- a finance company officer with two or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a permanent employee of a local government authority with two or more years of continuous service
- a member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership.

## WHERE DO I SEND THE FORM?

You can send your completed and signed form to either the transferring or the receiving fund.

### MORE INFORMATION

For more information about super, visit the:

- Australian Securities & Investments Commission (ASIC) website at [moneysmart.gov.au](http://moneysmart.gov.au)
- ATO website at [ato.gov.au/super](http://ato.gov.au/super)

For more information about this form, phone the ATO on **13 10 20**.



# Rollover initiation request to transfer whole balance of superannuation benefits between funds under the *Superannuation Industry (Supervision) Act 1993*

## COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a
- This form is only for whole (not part) balance transfers.

## AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form to **either** your **FROM** (transferring) or **TO** (receiving) fund.

## Personal details

Title: Mr  Mrs  Miss  Ms  Other

\*Family name

\*Given names

Other/previous names

\*Date of birth  Day /  Month /  Year

Tax file number

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

See 'What happens if I do not quote my tax file number?'

\*Gender Male  Female  Indeterminate

Contact phone number

## Residential address

\*Address

\*Suburb

\*State/territory  \*Postcode

## Previous address

If you know that the address held by your **FROM** fund is different to your current residential address, give details below.

Address

Suburb

State/territory  Postcode

## Fund details

### FROM (Transferring fund)

\*Fund name

Fund phone number

\*Membership or account number  68 964 712 340

Australian business number (ABN)  68964712340002

Unique Superannuation identifier

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

### TO (Receiving fund)

\*Fund name  smartMonday DIRECT  
 Locked Bag 20128, Melbourne VIC 3001

Fund phone number  1300 880 588

\*Membership or account number

Australian business number (ABN)  68 964 712 340

Unique Superannuation identifier  68964712340002

You must check with your **TO** fund to ensure they can accept this transfer.

## Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require such information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

\*Name (Print in BLOCK LETTERS)

\*Signature

\*Date  Day /  Month /  Year

\* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

# Lump sum contribution

Use this form to advise us of a lump sum (after-tax) contribution you are making to smartMonday DIRECT (by EFT).

Note: After-tax contributions count towards your non-concessional contributions cap an annual limit that the Government sets on these types of contributions into super each year).

## Your details

If you have any questions, please call us on **1300 880 588**

For more information go to our website [smartMonday.com.au](https://smartMonday.com.au)

Member number (if known)

Given name

Surname

Date of birth

Gender (M, F)

Mobile

Email

Postal address

Suburb

State

Postcode

**Send your completed form to: smartMonday, Locked Bag 20128, Melbourne VIC 3001 (no stamp required).**

smartMonday is a registered trading name of smartMonday Solutions Limited ABN 48 002 288 646 AFSL 236667, the sponsor of the Smart Future Trust ABN 68 964 712 340 (the fund). The trustee of the fund and issuer of this document is Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE Licence L0001458. smartMonday products are part of the fund. The Target Market Determinations for smartMonday products are available at [smartMonday.com.au/governance](https://smartMonday.com.au/governance).  
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## Payment by EFT

Amount

Date of EFT

\$

Name of bank from which I am making this EFT:

Contribution code

Member number

Description/Reference used in the EFT:

NC

Send your completed form to

- > scan and email to [enquiries@contact.smartmonday.com.au](mailto:enquiries@contact.smartmonday.com.au), or
- > mail to smartMonday DIRECT, Locked Bag 20128, Melbourne VIC 3001 (no stamp required).

### How to make an EFT contribution

You can make an EFT contribution to your smartMonday DIRECT account through your bank's internet or telephone banking service. Use the following details:

**Account Name:** Aon Master Trust  
**BSB:** 062 000 (CommBank)  
**Account Number:** 13094188

Contribution code

Member number

**Description/Reference:**

NC

*Please ensure you complete the Description/Reference so we can allocate the contribution to the correct account.*

For more information on how to make an EFT contribution, contact us on **1300 880 588**.

## Tax file number (TFN) declaration

I understand that I don't have to provide my TFN, however if I don't, my concessional contributions may be taxed at the highest marginal tax rate and that the trustee will not be able to accept non-concessional contributions on my behalf. I am choosing to provide my TFN to the trustee:

- > to facilitate the administration of my super account, and to facilitate any other uses authorised by super or taxation law.
- > to facilitate the search for and consolidation of my super accounts, by seeking super information from the Australian Taxation Office (ATO) and/or a RSA provider or superannuation entity, as the law allows.

Your TFN will be provided to any new fund to which you may later transfer, unless you advise us otherwise.

Tax file number

## Your declaration and authorisation

I declare that:

- > As a member of the fund I will be bound by the trust deed and the rules thereunder
- > I have read this form fully and declare that the information given in this form is true and accurate
- > I have read the [trustee's privacy notice](#) and consent to my personal information and sensitive information being handled in accordance with that statement.
- > I authorise the deduction of any applicable fees and/or taxes from my contributions by the trustee
- > I have not exceeded my non-concessional contributions cap for the current financial year
- > if I am between 67 and 74 years of age and making non-concessional contributions to super, that I have been gainfully employed on at least a part-time basis for 40 hours in 30 consecutive days in the current financial year.

Signature

Date

# Direct debit request and agreement

Use this form to arrange for super contributions to be made via direct debit from your bank account into smartMonday DIRECT ('the fund').

## Your details

If you have any questions, please call us on **1300 880 588** or email [enquiries@smartMonday.com.au](mailto:enquiries@smartMonday.com.au)

For more information go to our website [smartMonday.com.au](http://smartMonday.com.au)

Member number (if known)

Given name

Surname

Date of birth

Gender (M, F)

Mobile

Email

Postal address

Suburb

State

Postcode

## Details of bank account to be debited

*Please attach a copy of a bank statement for your nominated account to confirm your bank name, BSB, account name and number.*

Name of account holder

Name of financial institution

BSB number

Account number

**Send your completed form to: smartMonday, Locked Bag 20128, Melbourne VIC 3001 (no stamp required).**

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## Age 67 or over – work status declaration

If you are age 67 or over, you must be gainfully employed at least on a part-time basis to be able to make non-concessional contributions to super. Members aged 75 or older cannot make non-concessional contributions to super.

I am age 67 or over but under age 75 and I have worked/I am working (*delete whichever does not apply*) at least 40 hours in 30 consecutive days during this financial year.

## Contributions (monthly)

*Direct debits should commence in the month following your nominated date, depending on when we receive this form. Please note, if you exceed your annual non-concessional contributions cap, you may be subject to additional tax. You may wish to claim a tax deduction on any personal contributions you make. See our website for a Notice of intent to claim a tax deduction form.*

### Contributions (non-concessional)

Personal (after-tax) \$	(complete amount per month)
Spouse contributions \$	(complete amount per month)
<b>Total \$</b>	(complete amount per month)

Please debit these amounts on a monthly basis from the account named on page 1 of this form. Debits are to commence on:

Date

(complete month and year)

## Your declaration and authorisation

By signing this section, you acknowledge that you have read and accepted the terms of the *Direct debit request service agreement* and that all details on this form have been checked by you and are correct.

You authorise Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL No 229757, as trustee for the fund, to arrange for monies to be debited from your bank account identified on page 1 via the Bulk Electronic Clearing System—CS2.

*If debiting from a joint account we require both signatures. Ensure you have attached a copy of a bank statement for your nominated account.*

Signature

Date

Signature

Date



## Direct debit request Service Agreement

### 1. Interpretation

- 1.1 References to 'we', 'us' and 'our' in this agreement means Equity Trustees Superannuation Limited, as trustee for the fund, smartMonday Solutions Limited and any third parties duly appointed to act as a representative or agent for or on behalf of either entity.
- 1.2 References to 'business day' means any day on which the banks are normally open for business in New South Wales and excludes weekends and public holidays.
- 1.3 References to the 'drawing date' means the fifteenth (15th) day of each month.
- 1.4 References to 'you' means the person(s) who has signed the Direct debit request form.
- 1.5 References to 'your account' means the account nominated by you in the Direct debit request form.

### 2. Operating account

Your direct debit will be administered through an operating account held on behalf of the fund.

### 3. Whole of agreement

The Direct debit request form and this Direct debit request service agreement form the whole of the agreement between you and us and authorises us to arrange for funds to be debited from your account as nominated in the Direct debit request form (or as nominated in any subsequent Direct debit request form received from you in accordance with Clause 4.2).

### 4. Our commitment to you

- 4.1 We will begin drawing on your account on the next available drawing date following the receipt of your completed Direct debit request form.
- 4.2 We will provide you with fourteen (14) days written notice (sent by ordinary post to the last address you notified us) if there are to be any changes to your Direct debit request service agreement.
- 4.3 Where the drawing date falls upon a day which is not a normal business day your account will be debited on the next business day.
- 4.4 We reserve the right to cancel the drawing arrangements if three (3) consecutive drawings are returned unpaid (dishonoured) by your nominated financial institution. A dishonour fee will be charged to your fund account.
- 4.5 Your direct debit records and account details will be kept confidential, except where the disclosure of certain information to your financial institution or a third party is necessary to enable us to act in accordance with your drawing arrangements.

### 5. Your rights

- 5.1 You may cancel, alter, or suspend your drawing arrangements at any time by providing us with written notice addressed to smartMonday DIRECT, Locked bag 20128, Melbourne VIC 3001. Such notice must be received by us at least three (3) business days prior to the fifteenth of the month in order for us to give effect to your instructions before the drawing date.
- 5.2 You may change the drawing amount and/or type of your contribution by completing a new Direct debit request form and sending it to us at least three (3) business days prior to the fifteenth of the month in order for us to give effect to your instructions before the drawing date.
- 5.3 We are committed to resolving any issue or dispute that may arise to your satisfaction. If you feel that your query or issue has not been adequately dealt with you may lodge a formal written complaint with either us or with your own financial institution. We are obliged to provide you with a written response by the close of business on the seventh (7th) day after your complaint was received by us. If we fail to provide you with such a response you will be entitled to a full refund of the disputed amount. If we decline your claim and you are dissatisfied with our reason(s) for this decision, you may lodge a further written complaint with your financial institution which will attempt to conciliate a resolution. If this cannot be achieved within 21 business days, the dispute will be referred to the Management Committee of the Australian Payments Clearing Association Limited for a final ruling.

## Direct debit request Service Agreement (continued)

### 6. Your responsibilities

It is your responsibility to:

- 6.1 Ensure that your nominated account can accept direct debit requests and that all account holders have agreed to the debiting arrangements.
- 6.2 Check that the account details for the account you have nominated in the Direct debit request form are correct. We reserve the right to charge you an additional fee to cover our costs in rectifying incorrect information or where you have provided account information for an account that you do not own or that you do not have the authority to operate.
  - 6.2.1 Ensure that there are sufficient funds available in your nominated account to meet a drawing on its due date.
- 6.3 Check your account statement to verify that the amount debited from your account is correct.
- 6.4 Advise us if your nominated account is transferred, closed or the details are altered in any way.
- 6.5 Arrange an alternative suitable payment method if your drawing arrangements are cancelled for any reason.
- 6.6 If we are liable to pay goods and services tax (GST) on a supply made in connection with this agreement, then you agree to pay to us an amount equal to the GST included in the consideration for the supply.

## Privacy

The fund is subject to the trustee's privacy statement, which is available at [eqt.com.au/global/privacystatement](http://eqt.com.au/global/privacystatement)

Send your completed form to: smartMonday, Locked Bag 20128, Melbourne VIC 3001 (no stamp required).

# Binding death benefit nomination

You can use this form to make a binding death benefit nomination in smartMonday DIRECT ('the fund'). This type of nomination expires after 3 years. You cannot revoke or renew a binding death nomination using this form.

If you have more than one account for which you wish to make binding death benefit nominations, you will have to complete a separate form for each of them. Complete all the sections and ensure that the witnesses sign and date the form appropriately.

## Important information

If you have any questions, please call us on **1300 880 588**

For more information go to our website [smartMonday.com.au](https://smartMonday.com.au)

- On formal notification of your death (e.g. Death certificate), your account balance will be switched to the **Cash investment option**.
- By making a binding death benefit nomination, in the event of your death while you are a member of the fund the trustee will pay your superannuation benefits to your beneficiaries, in the proportions you have nominated. See the section *Your binding nomination* for more information.
- By making this binding death benefit nomination you invalidate any previous nominations that you might have made while a member of the fund.
- This nomination will be binding on the trustee only if it is considered valid (see over) and when it is received and acknowledged by the trustee.
- This nomination will only apply to the account you have nominated on this form.
- Your nominated beneficiaries will receive your superannuation benefit in the proportions you have nominated in this form.
- If for any reason this nomination is considered invalid (see over), it expires or is revoked, it will not be binding on the trustee of and the trustee retains the discretion of distributing your death benefit according to the terms of trust deed applicable to the fund.
- You should consult a licensed adviser before making any decisions regarding a binding death benefit nomination, as there are significant tax and estate planning consequences.
- In the event that your personal circumstances change you may need to review your binding death nomination.
- Photocopies or faxes of this form will not be accepted. Send the original to the address at the bottom of this form.

## Your details

Member number (if known)

Given name

Surname

Date of birth

Gender (M, F)

Phone

Email

**Send your completed form to: smartMonday, Locked Bag 20128, Melbourne VIC 3001(no stamp required).**

smartMonday is a registered trading name of smartMonday Solutions Limited ABN 48 002 288 646 AFSL 236667, the sponsor of the Smart Future Trust ABN 68 964 712 340 (the fund). The trustee of the fund and issuer of this document is Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE Licence L0001458. smartMonday products are part of the fund. The Target Market Determinations for smartMonday products are available at [smartMonday.com.au/governance](https://smartMonday.com.au/governance).  
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## Your binding nomination

For this nomination to be considered valid and binding on the trustee:

- > it must have been completed in the prescribed form and received and acknowledged by the trustee
- > it must not have expired/lapsed or been superseded by a new binding death benefit nomination
- > the nominated beneficiaries must be one of the following **at the time of nomination** and **at the time of death benefit assessment**:
  - └ a spouse
  - └ child (including an adopted step or ex-nuptial child or a child of your spouse)
  - └ wholly or partially financially dependent on you
  - └ in an interdependency relationship with you
  - └ legal personal representative/s (LPR). LPRs are usually an executor or administrator of your estate and do not need to be named in the section below as they are usually involved in your affairs after you die. Just tick the box for LPR and nominate the % of your death benefit
- > your signature must be witnessed and signed appropriately by two persons over the age of 18 who are not beneficiaries nominated by you
- > your instructions regarding the distribution of your benefit must be clear
- > the percentage of benefits you allocate to your beneficiaries must add up to 100%
- > you must be a member of the fund at the time of death.

### Beneficiary 1

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial  
dependant

Interdependant

LPR

### Beneficiary 2

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial  
dependant

Interdependant

LPR

### Beneficiary 3

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial  
dependant

Interdependant

LPR

**Your binding nomination  
(continued)**

**Beneficiary 4**

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial  
dependant

Interdependant

LPR

## Privacy

The fund is subject to the trustee's privacy statement, which is available at [eqt.com.au/global/privacystatement](http://eqt.com.au/global/privacystatement)

## Your declaration and authorisation

I declare that:

- > this nomination will apply to my nominated account within the fund
- > this nomination will supersede any previous binding or non-binding/discretionary nomination I may have made while a member of the fund
- > my nomination will be valid for 3 years from the day after the date of signature
- > I may renew my nomination at any time by a further 3 years as long as my nomination remains current by sending a letter to the trustee, or by completing and sending in a renewal notice.
- > in the event of my death, if any family members, next of kin or legal personal representative should contest the terms of my nomination or if any legal proceedings should arise from my nomination, then the trustee will recoup the cost of resolving the dispute, including litigation, from my death benefits
- > I have read the [trustee's privacy notice](#) and consent to my personal information and sensitive information being handled in accordance with that statement
- > if I am disclosing personal information about another person, I have obtained their consent to disclose their personal information to you and I have made them aware that you may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If I have not obtained the consent of the other person, I will inform you of such.

Signature

Date

## Witness declaration

Please note:

- > Witnesses to your signature on this form must be over the age of 18 who are not your nominated beneficiaries.
- > Witnesses must sign and date this form on the same date that you sign and date this form.
- > This form is a legal document. No corrections can be made. In the event of an error, start a new form. (The trustee cannot accept corrections on a form, even if initialled and dated).

I declare that:

- > I am over the age of 18
- > the member signed and dated this document in my presence.

### Witness 1

Full name

Signature

Date

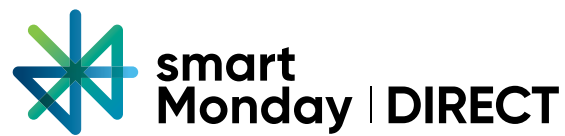
### Witness 2

Full name

Signature

Date

Send your completed form to: smartMonday, Locked Bag 20128, Melbourne VIC 3001 (no stamp required).



E. [enquiries@contact.smartmonday.com.au](mailto:enquiries@contact.smartmonday.com.au)  
P. 1300 880 588  
W. [smartmonday.com.au](http://smartmonday.com.au)  
M. Locked Bag 20128  
Melbourne VIC 3001

**It all adds up**



Done today  
Smart easy actions



Positive actions  
Grow your wealth



**Brighter futures**  
Someday starts today