

ANNUAL UPDATE SERVICE

A reduced fee of \$137.50 for updating the SMSF governing rules of a fund applies if payment is made via direct debit. If you do not choose direct debit, you will be sent an invoice each 1 July for \$165 and will only receive access to your updated governing rules upon payment.

DIRECT DEBIT REQUEST (DDR)

Reference	DBA Ref: <p style="text-align: center;"><i>Name of fund (eg, Smith Super Fund)</i></p> Fund
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Request and Authority to debit	Your Surname or company name <input style="width: 400px; height: 25px;" type="text"/> Your Given names or ABN/ARBN <input style="width: 350px; height: 25px;" type="text"/> (you) request and authorise DBA Lawyers Pty Ltd (APCA User ID: 303466) (Debit User) to arrange, a debit to your nominated account to pay for DBA Lawyers' Annual Update Service documents. This debit or charge will be arranged by Debit User's financial institution and made through the Bulk Electronic Clearing System (BECS) from your nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement (DDRS Agreement).
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Amount of debit	The authorised debit amount is the amount specified in the invoice we have sent you, for payment on a due date. This authorisation is subject to the delivery by the Debit User of the Annual Update Service documents after each relevant 30 June. The Debit User will not activate a debit until after the expiry of 30 days of the issue of each relevant tax invoice on or after each 30 June. This authorisation remains in force in accordance with the terms in the DDRS Agreement until such time as notice (in the form of the 'Direct Debit Request Withdrawal' or as provided for in clause 3 of the DDRS Agreement) is given to the Debit User cancelling this agreement. These forms are available at www.dbalawyers.com.au/annual-update-service .
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Your account to be debited	Name/s on account <input style="width: 400px; height: 25px;" type="text"/> Financial institution name <input style="width: 400px; height: 25px;" type="text"/> BSB number (Must be 6 digits) <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> — <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> Account number <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>
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Your contact details	<p>Address: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>The best way for us to write to you is by using the above email <input type="checkbox"/> or address <input type="checkbox"/></p>
Confirmation	<p>By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have confirm that:</p> <ul style="list-style-type: none"> • you are authorised to operate on the nominated account; and • you have understood and agreed to the terms and conditions set out in this Request and in the DDRS Agreement.
Your signature	<p><u>Signed in accordance with the account authority on your account:</u></p> <p>Signature: <input type="text"/></p> <p>Date: <input type="text"/></p> <p>Contact details: As Above</p>
Second account signatory (if required)	<p><u>Signed in accordance with the account authority on your account:</u></p> <p>Signature: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Date: <input type="text"/></p> <p>Contact details:</p> <p>Address: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Phone: <input type="text"/></p>

Signing for a company

You must be authorised to sign on behalf of the company AND you must have authority to operate the Company's bank account.

Signature of duly authorised officer:

Position held:

Name:

Address:

Email:

(Notices will be sent to this email address)

Phone:

Date:

Second company signatory (if required)

Signature of duly authorised officer:

Position held:

Name:

Email:

Date: