# Members of SuperSelect can pay into their account via BPAY.

Contributions via BPAY are generally effective the same day of payment. Please note you should check with your bank, building society or credit union to find out their cut-off time by when BPAY payments must be received each day to ensure that they are credited to your superannuation account on the same day. These times can vary according to financial institution.

## **BPAY** in three easy steps

To make a BPAY payment, please follow the steps below:

- 1. Log on to online banking or call telephone banking
- 2. Enter the customer reference number (the member's account number) and the relevant Biller Code (see table below)
- 3. You can make this payment from your cheque, savings, debit or transaction account. More information: www.bpay.com.au.

| Contribution type      | Biller Code |
|------------------------|-------------|
| Personal contributions | 131045      |
| Spouse contributions   | 131029      |

# Any questions?

Please call our customer contact centre on 13 20 15 between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays, for assistance with BPAY contributions.

<sup>®</sup> Registered to BPAY Pty Ltd ABN 69 079 137 518.



#### Important information

| This form may be posted to: Resolution Life, Locked Bag 5075, Parramatta NSW 2124                              |
|--|
| Contact phone number: 13 20 15 between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays. |
| You can also email a scanned copy to <b>au.service@aia.com.</b>  |

#### Please note:

Contributions will be made effective the date your completed documentation is received at our principal office of administration.

## Section 1 - Personal details (all fields must be completed)

| Account number                                |              | ne and/or address th:  | at was last notifi |                            |
|---|--------------|------------------------|--------------------|----------------------------|
| Title I Mr I Mrs I Miss I Ms<br>Given name(s) |              |                        |                    |                            |
| Postal address                                |              |                        |                    |                            |
|   | State        | Postcode               | Country            |                            |
| Residential address                           |              |                        |                    |                            |
|   | State        | Postcode               | Country            |                            |
| Mobile number                                 | Alternate ph | Alternate phone number |                    | Date of birth (dd/mm/yyyy) |
| Email address                                 |              |                        |                    |                            |

## Section 2 – Additional contribution type (minimum \$100)

| Personal contribution                                 | \$ | MSEN |  |  |
|---|----|------|--|--|
| Spouse contribution                                   | \$ | MSMN |  |  |
| Transfer/Rollover <sup>1</sup>                        | \$ | MSTP |  |  |
| Total   | \$ |      |  |  |
| <sup>1</sup> Please attach Rollover Benefit Statement |    |      |  |  |

003-397 010723

### Section 3 – Investment options

Please allocate my additional contribution as follows:

Current investment option(s)

#### or

|          |              | Investment option              |    | Investments (dollar (\$) or percentage (%)) |
|----------|--------------|--------------------------------|----|---|
| STRATEGY | Aggressive   | Multi-Manager Australian Share | FS | \$ / %                                      |
|          | Aggre        | Multi-Manager Global Share     | FP | \$ / %                                      |
|          | Growth       | High Growth                    | FG | \$ / %                                      |
|          | Moderate     | Growth                         | FM | \$ / %                                      |
|          | Conservative | Balanced                       | FB | \$ / %                                      |
|          | Conse        | Capital Stable                 | AU | \$ / %                                      |
|          | Defensive    | Capital Defensive              | FE | \$ / %                                      |
|          | Defe         | Savings                        | FR | \$ / %                                      |
| Total    |              | 100%                           |    |   |

**Please note:** Contributions are processed using the deposit price(s) applicable on the day your fully completed request is received at our principal office of administration.

#### Section 4 – Declaration and acknowledgement

- By signing this request form I declare as follows:
- the information provided on this form is correct.
- I understand that my contributions will be preserved and that I can cash my benefits only in limited circumstances.

Member's signature

Date (dd/mm/yyyy)

| |