

# Application to Join the FAMILY DAY CARE INDUSTRY SUPER FUND

AXA Business Super Directions

**Plan Name:**  
Family Day Care Industry Super Plan

**Plan Number:**  
B3BQJ9

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## MEMBER DETAILS

TITLE  FIRST NAME  LAST NAME

PREFERRED NAME (if different)  DATE OF BIRTH

TAX FILE NUMBER  ADDRESS

SUBURB  STATE  POSTCODE

YOUR PHONE NUMBER  YOUR EMAIL ADDRESS

Your email address will help us keep you up to date with the latest information.

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## DECLARATION

I certify that all the above information is correct.  
I authorise the collection and storage of my Tax File Number.  
I understand that I will receive a Product Disclosure Statement from AXA Australia within 21 days of submitting my application for membership.

### SIGNATURE

DATE SIGNED

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Please contact my spouse (*name*)   
to discuss Financial Planning needs tel:

Please contact my Son/Daughter (*name*)   
to discuss Financial Planning needs tel:

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**Please send completed forms to:**

FDC Industry Super Fund  
Reply Paid 657  
North Adelaide SA 5006

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# DIRECT DEBIT REQUEST FORM - DDR

Family Day Care Australia Limited  
PO Box 571 Gosford NSW 2250  
Tel: 1800 658 699 Fax: 02 4324 7882 ABN: 93 094 436 021

## CUSTOMER AUTHORITY

I/We

(Name of Customer(s) giving the DDR)

Authorise Family Day Care Australia with the APCA User ID Number 065445 to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Family Day Care Industry Super Fund agreement.

SIGNATURE

DATE SIGNED

SIGNATURE

DATE SIGNED

Only complete second signature if account being debited is a **JOINT** account

## OPTION 1

To pay your contributions from your Bank Account Details

NAME OF BANK

BRANCH

ACCOUNT HOLDER'S NAME (please print)

ACCOUNT HOLDER'S SIGNATURE

(If joint account and both must sign to access the account, then both signatures are required)

BSB OR BRANCH NO.

(must be 6 digits)

ACCOUNT NUMBER

(no more than 9 digits)

## OPTION 2

Mastercard  Visa

CREDIT CARD NUMBER

EXPIRY DATE

CARDHOLDER'S NAME (please print)

CARDHOLDER'S SIGNATURE

## TERMS AND CONDITIONS DECLARATION

Please tick each box to agree to the terms below.

I / We request that you debit my/our account on the **26th** day of each month for \$  .  
I wish for my first debit to occur in  (month)

I / We authorise the following:

- The Debit User to verify the details of the above mentioned account with my / our Financial Institution.
- The Financial Institution to release information allowing the Debit User to verify the above mentioned account details.
- This Superannuation fund is linked to inflation to protect your money for retirement. Contribution levels will increase by the higher of inflation or 4% each year on the 1st March. You will be notified each year before 26th March.
- Authorise FDCA to debit the *Application Fee* (once off charge) along with the *Administration Fee* (each time I make a contribution) as outlined on page 3.

I am / am not a member of FDCA Membership Number

SIGNATURE

DATE SIGNED

SIGNATURE

DATE SIGNED

Only complete second signature if account being debited is a **JOINT** account