

Suncorp Metway Limited ABN 66 010 831 722. AFSL 229882.

If you have any questions please contact our Account Management Team on 1800 805 972 Intl 612 9236 3471,

Complete this form to make contributions towards your managed funds investment.

Selection

Please select one of the below:

- Make a new contribution to my managed funds
- Make a subsequent contribution to my existing managed funds
- Make an initial contribution to my managed funds for my Savings Gearing Loan – complete and attach a Savings Gearing Loan form.

Please also complete and attach your Managed Fund Application form for your choice of managed funds.

Borrower Details

Name of Borrower/s

(exactly as it appears on the Suncorp Margin Lending Application)

If the borrower is a Trust or Company please specify the Company or Trust name.

Borrower Client Reference Number (if known)

Contribution

Specify the managed funds or master trusts in which you would like to make your investment.

Name of Managed Fund/Master Trust	Your Contribution	Margin Loan Advance	Total Contribution Amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Investment			\$

Method of Payment for your contribution

Please indicate how you would like to pay for your contribution.

- Cheque (please attach a cheque payable to Suncorp Margin Lending)
- Withdraw from my Cash Management Trust Account (CMA) (if applicable and providing there are sufficient available funds)
- Direct Debit my existing nominated account (if applicable)
- Direct Debit a new bank account – complete details in Direct Debit section of this form

Direct Debit Details

This request is to enable Suncorp Margin Lending (USERID 146549) to deduct payments for your managed fund contribution.

By signing this request, I/we, the account holder/s whose account is identified below, authorise you, Suncorp Margin Lending, to use the Direct Debit system to debit my/our account identified below in accordance with the terms of this request. This Direct Debit Request is subject to the terms and conditions of the Direct Debit Service Request Agreement, available on our website marginlending.suncorp.com.au

Name of Applicant/s - Individual/Joint/Company/Trust

Name of Financial Institution

Branch Name

BSB number

:

:

:

Account Number

Account Name

I/We request that you debit my/our account for payments to my Loan Account being the monthly contributions for my/our savings gearing loan.

Sign in accordance with authority on the bank account.

Signatory 1

Signatory 2

Full Name

Full Name

Signature and Date

Signature and Date

Common Seal (if applicable)

Declaration

I/We confirm that the above details are true and correct and that I/We have read and understood the terms and conditions of the Savings Gearing Loan.

Borrower/Trustee/Director 1

Borrower/Trustee/Director 2

Full Name

Full Name

Signature and Date

Signature and Date

Common Seal (if applicable)

**Please send the completed form to:
Suncorp Margin Lending, Reply Paid 1877, Royal Exchange, NSW, 1225.**