RECURRING PAYMENT AUTHORITY

WRAP CASH ACCOUNT



IOOF Investment Services Ltd (Operator) (ABN 80 007 350 405, AFSL 230703) is the issuer of the Voyage Investment Service. Macquarie Bank Limited (ABN 46 008 583 542 AFSL 237502) is the issuer of the Wrap Cash Account.

Please use this form to start, amend or cancel Recurring Payments from your Wrap Cash Account (Cash Account).

IMPORTANT: Recurring payments can be set up or altered online through ClientView with the appropriate level of access.

PLEASE USE BLACK INK AND PRINT IN CAPITALS. MARK BOXES WITH AN [X] WHERE APPLICABLE.



Account details

Account name: Action to be taken New payment ▶ go to section 2 Amend existing payment ▶ go to section 3 Cancel payment ▶ go to section 4 New Recurring Payment A. Payment details Amount of initial payment: \$ Immediately Future dated, date: Immediately Subsequent payment amount: \$ Immediately Immediat
Action to be taken New payment ▶ go to section 2 Amend existing payment ▶ go to section 3 Cancel payment ▶ go to section 4 New Recurring Payment A. Payment details Amount of initial payment: \$ Immediately Future dated, date: Subsequent payment amount: \$ And then dated on: Payment frequency: Weekly Fortnightly Monthly Quarterly Last payment to be made on*:
New payment ▶ go to section 2
New Recurring Payment A. Payment details Amount of initial payment: \$
A. Payment details Amount of initial payment: \$
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Amount of initial payment: \$
Subsequent payment amount: \$ And then dated on: Payment frequency:
Payment frequency: Weekly Fortnightly Quarterly Last payment to be made on*:
Last payment to be made on*:
* The Pecurring Payment will be cancelled ofter this date. If left blank we will assume until further notice
the necurning rayment will be cancelled after this date. If left blank we will assume dritting from the notice.
Please note: funds will be debited on the day you request. Please allow 24 hours for initial setup and two days for transfers to
appear as credits in your account. If a payment falls on a non Business Day it will be processed the previous Business Day.
B. Transfer details
Account number: BSB:
Account name:
Receiving account reference (optional) – the receiving bank will determine whether the reference will appear (maximum 16 characters)

Use this account as an additional nominated account. Enables initiation of bank transfers online.

Optional reference – appears on your Wrap Cash Account statement (maximum 16 characters)

Refer to Account Nomination form for additional changes to nominated bank accounts.



Amend existing payment

A. Current details Recurring payment reference number (if known):		
Payee account number: Payee BSB:		
Payee name:		
Payment amount: \$ Date of final payment using current details:		
Remove account as an additional nominated bank account		
B. New details		
Payee account number:		
Payee name:		
New payment amount: \$ Immediately Future dated, date:		
Payment frequency: Weekly Fortnightly Monthly Quarterly Last payment date*:		
* The Recurring Payment will then be cancelled after this date. If left blank we will assume until further notice.		
Use this account as an additional nominated bank account. Enables initiation of bank transfers online.		
4 Cancellation		
Cancel the payment amount of: \$ Last payment to be made on:		
Payee name:		
Remove this account as an additional nominated bank account. Please allow 24 hours for your cancellation to be processed.		

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Declaration and signature

This form must contain an original signature(s) – digitally applie accept and agree to be bound by the terms and conditions as set of for the Wrap Cash Account which relate to the use of Recurring Pay If you do not already have a copy of the relevant offer document you contacting us. The declaration must be signed in accordance with the	ut in the Further Information of the Product Information Statement ments, nominated accounts, phone banking and internet banking. I can obtain it from our website at wrapinvest.com.au/voyage or by
Signature 1:	Signature 2:
Date: Title:	Date: Title:
Name:	Name:
Any other name known by (if applicable)	Any other name known by (if applicable)
Contact number:	Contact number:
If a company officer, your corporate title:	If a company officer, your corporate title:

Please complete and return the form to **Voyage, GPO Box 3154, Sydney NSW 2001**, or via email to **service@wrapinvest.com.au**. If you have any queries about completing this form please contact us on **1800 892 353**.