# Fax and email transaction facility request

summit

## MEMBER DETAILS

Member number (eg 0012345-D2-01)

Account name

## INSTRUCTIONS

1. This form should be completed by members who have not previously nominated to use this facility or have opted out and wish to authorise us to act upon future transaction requests received by us via fax and/or email.
2. Please complete all sections of this form (in block letters).
3. The member must sign this form.
4. We require an original signature for this request, therefore this form must be mailed to the address below.

## TRANSACTION FACILITY

Please tick the facilities you would like to use and complete the required details.

☐ Fax transaction facility.

☐ Email transaction facility.

Please provide your email address if requesting the email transaction facility.

## TERMS AND CONDITIONS

We will accept instructions by fax or email, provided the following conditions are met:

- instructions must bear your client reference number;
- faxed instructions must be clear, legible and signed by you;
- email instructions must be received from an email address previously nominated by you in the application form or subsequently nominated by you in writing; and
- withdrawal proceeds will only be transferred into a bank or financial institution account previously nominated by you in the application form or subsequently nominated by you in writing.

We reserve the right to confirm the receipt of instructions either by telephone, fax or email prior to the request being processed. If you utilise this facility, we may act on any instructions that have been provided by you. We are not obliged to act on an instruction if we doubt the authenticity of the instruction or if the instruction is unclear.

## DECLARATION AND SIGNATURE

There is a risk that fraudulent withdrawal requests can be made. By using this facility you agree to release and indemnify N.M. Superannuation Pty Ltd and NMMT Limited from and against all actions, proceedings, accounts, costs, claims and demands in respect of any liabilities arising directly or indirectly as a result of the use of the facilities offered. This release and indemnity does not apply to the extent that such liability is attributable to N.M. Superannuation Pty Ltd and NMMT Limited's own neglect or default.

I agree that neither I nor any other person claiming through me has any claim against N.M. Superannuation Pty Ltd and NMMT Limited or the trust in relation to a payment made or action taken by N.M. Superannuation Pty Ltd and NMMT Limited under any of the facilities if the payment or instructions is made in accordance with the relevant conditions and includes instructions that are later shown not to have been made by me or my authorised representative.

I acknowledge that N.M. Superannuation Pty Ltd and NMMT Limited is entitled either to cancel or change the terms and conditions of the facilities but may not do so without giving me prior written notice. I may cancel the use of any of the facilities at any time by giving N.M. Superannuation Pty Ltd and NMMT Limited written notice.

| X | X | / / |
|---|---|---|
| Member 1 signature | Member 2 signature | Date |

## ADVISER USE ONLY

| | |
|---|---|
| Adviser name | Adviser number |

Note: Please ensure this request is complete before submitting. Incomplete requests will require follow up and may result in processing delays.



Correspondence: GPO Box 2754 Melbourne Victoria 3001 Address: 750 Collins Street Docklands Melbourne Victoria 3008
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Trustee: N.M. Superannuation Pty Ltd ABN 31 008 428 322 AFS Licence No. 234654 Member of the Global AXA Group