

Investment Regular savings plan form

The regular savings plan makes it easy to add to your investment portfolio without the hassle of completing additional application forms.

You can establish a regular savings plan with a minimum of \$100 per month. Please allow 15 business days for your regular savings plan to be established.

The regular savings plan is subject to the standard fees, expenses and taxes disclosed in the current Product Disclosure Statement.

Once you have established a regular savings plan, you can notify us in writing if you wish to change your account details, alter the amount of your monthly investment or stop contributing. We will continue to deduct money from your nominated account until you tell us otherwise. Please allow 15 days for your request to be implemented.

Please note that if your direct debit is unsuccessful three times in any 12 month period, we reserve the right to terminate your regular savings plan.

If we change the terms of the regular savings plan materially or stop it, we will let you know. Please keep these terms and any updating information for future reference.

Regular savings plan form

Dated 1 October 2010

Please indicate which Plan this applies to:

Personal Investment Plan

Investment Essentials

1. Personal details

Investor 1

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone (home)	Telephone (business)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth (dd/mm/yy) <input type="text"/>	Email address <input type="text"/>
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Request and authority to debit the account named below to pay Questor Financial Services Limited

Investor 2

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone (home)	Telephone (business)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth (dd/mm/yy) <input type="text"/>	Email address <input type="text"/>
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Request and authority to debit the account named below to pay Questor Financial Services Limited

Request and authority to debit

Surname or company/business name

Given names or ACN/ABN ('you')

request and authorise Questor Financial Services Limited (User Identification Number 180 511), to arrange for any amount Questor Financial Services Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the direct debit request service agreement.

2. Regular Savings Plan details

A minimum amount of \$100 per month must be invested

Amount

\$.00

I/we wish my/our direct debit request to commence from / / mm/yy (must be within 3 months).

Implementation fee

%

If you wish to activate the regular investment sweep, please complete section 9 'regular investment sweep' in the 'change of details' form.

3. Account to be debited

Account number

Account name

BSB number

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Name of institution

Branch

Please refer to your credit union, building society or bank statement for these details. Do not use a number quoted on any plastic card or credit union cheque form.

Address

Suburb/town

State

Postcode

4. Privacy

Please tick this box if you do not wish to receive information on other products and services that may be of benefit to you. Please see the current Product Disclosure Statement for details on privacy and personal information.

5. Acknowledgment

By signing this direct debit request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Questor Financial Services Limited as set out in this request and in your direct debit request service agreement.

6. Signature(s) and address

Account holder(s) (as specified in section 3)

Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="/ /"/>

Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="/ /"/>

Address

Suburb/town	State	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Investor(s)

Signature Investor 1	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="/ /"/>

Signature Investor 2	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="/ /"/>

Financial planner only

Name	Telephone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

AFSL holder	PortfolioNet account number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Referral source	BSB number
<input style="width: 100%;" type="text"/>	<input style="font-family: monospace; font-size: 1.2em; vertical-align: middle;" type="text" value=" - "/>

- The implementation fee applicable to this application has been recorded in Section 2 of this form.
- I acknowledge that any liability to pay an adviser service fee (to an AFSL holder approved by the Responsible Entity and stated on this form) will not exceed the amount detailed on this form (except for a GST provision) and that the investor or Responsible Entity may cancel or reduce this amount at any time without notice.
- I indemnify the Responsible Entity against any claim arising pursuant to the advice given by me to the investor(s) named on this form.
- I have given the investor a current offer document and/or investment report for each investment option selected and the current Product Disclosure Statement (for either Investment Essentials or the Personal Investment Plan) which I believe they have considered.
- I have reviewed the investor's financial situation, needs and objectives and confirm the investment options selected are appropriate and provide adequate diversification, when the investor's portfolio is taken as a whole.

Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="/ /"/>

Direct debit request service agreement

Definitions

account: means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement: means this direct debit request service agreement between you and us.

business day: means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day: means the day that payment by you to us is due.

debit payment: means a particular transaction where a debit is made.

Direct debit request: means the direct debit request between us and you.

us or we: means Questor Financial Services Limited, (the Debit User) you have authorised by signing a direct debit request.

you: means the customer who signed the direct debit request.

your financial institution: is the financial institution where you hold the account that you have authorised us to arrange to debit.

Debiting your account

By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your account as authorised in the direct debit request.

If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day.

If you are unsure about which day your account has or will be debited you should ask your financial institution.

Changes by us

We may vary any details of this agreement or a direct debit request at any time by giving you at least 14 days' written notice.

Changes by you

You may change the arrangements under a direct debit request by writing to us.

If you wish to stop or defer a debit payment you must notify us in writing at least 14 days' notice before the next debit day. This notice should be given to us in the first instance.

You may also cancel your authority for us to debit your account at any time by giving us 14 days' notice in writing before the next debit day. This notice should be given to us in the first instance.

Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

If there are insufficient clear funds in your account to meet a debit payment:

- (a) you may be charged a fee and/or interest by your financial institution;
- (b) you may also incur fees or charges imposed or incurred by us; and
- (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

You should check your account statement to verify that the amounts debited from your account are correct.

If we are liable to pay goods and services tax ('GST') on a supply made in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

Dispute

If you believe that there has been an error in debiting your account, you should notify us directly on 1800 221 151 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Accounts

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

Confidentiality

We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

Notice

If you wish to notify us in writing about anything relating to this agreement, you should write to us at c/- Manager Operations, Locked Bag 4004, Queen Victoria Building NSW 1230.

We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.

Any notice will be deemed to have been received two business days after it is posted.