

DIRECT DEBIT REQUEST



Suncorp Life & Superannuation Limited ABN 87 073 979 530
AFS Licence No 229880
Suncorp Portfolio Services Limited ABN 61 063 427 958
AFS Licence No 237905
RSE No L0002059
Suncorp Master Trust ABN 98 350 952 022
RSE Fund Registration No R1056655

Issued 5 March 2012

Please use block letters

Policy owner details

Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone no	Home (<input type="text"/>)	Work (<input type="text"/>)	Mobile <input type="text"/>

Payment details

Policy numbers

Current premium amount

(please refer to section 4c of the Service Agreement overleaf)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I authorise Suncorp Life & Superannuation Limited to debit for any arrears

I would like to change the frequency of payment

Please select new frequency:

Yearly Half-yearly Quarterly Monthly

Part A Direct Debit (bank, building society, credit union)

Details of account to be debited:

This form is to authorise Suncorp Life & Superannuation Limited (user ID 367 806) to debit premiums from your account with a financial institution.

Name of account holder	<input type="text"/>		
Name of financial institution	<input type="text"/>		
BSB number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement attached and the terms and conditions of my/our Asteron Life policy.

Account holder's signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account holder's signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part B Credit card (Only Mastercard and Visa available)

I authorise Suncorp Life & Superannuation Limited to charge my: (tick one) Visa Mastercard

Card holder's name	<input type="text"/>		
Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date	<input type="text"/> / <input type="text"/>
Account holder's signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If you have any questions regarding this form, please call Asteron Life Customer Service on 1800 221 727.

The completed form may be faxed to 1300 766 833 or emailed to life_customerservice@asteronlife.com.au

Direct Debit Request Service Agreement

This Direct Debit Request (DDR) Service Agreement is only applicable if you choose to authorise Suncorp Life & Superannuation Limited (SLSL) to debit premiums in relation to your policy from your nominated financial institution account. This agreement must be read when providing direct debit details to SLSL.

This DDR Service Agreement is issued by SLSL (ABN 87 073 979 530). You should direct all enquiries about your direct debit to our customer service team on 02 8275 3999 or if outside Sydney on 1800 221 727.

1. Our commitment to you

- a. We'll give you at least 14 days' notice in writing before changing the terms of the debiting arrangements, unless you agree to an earlier change.
- b. We'll keep information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution.
- c. Where the debiting date is not a business day, we'll draw from your nominated financial institution account on the next business day.

2. Your commitment to us

It is your responsibility to:

- ensure your nominated financial institution account can accept direct debits
- ensure there are sufficient funds available in the nominated financial institution account to meet each instalment
- advise us if the nominated account is transferred or closed, or the account details change
- ensure that all account holders on the nominated financial institution account agree to the debiting arrangement.

3. Your rights

- a. Subject to the terms and conditions of your policy, you may alter the debiting arrangements. Such advice should be received by us at least 7 working days before the debiting date for any of the following:
 - altering the DDR
 - deferring a drawing
 - suspending the DDR
 - cancelling the debiting arrangement completely.

If you do any of these things, you must make alternative arrangements to pay outstanding amounts and, if applicable, future amounts.

Alternatively you may request a stop or cancellation by contacting your financial institution. If you take this course of action you may incur a fee from your financial institution.

- b. Where you consider that a debit has been initiated incorrectly, you should contact us on 02 8275 3999 or if outside Sydney on 1800 221 727. In the unlikely event of a complaint not being resolved satisfactorily, you can address a complaint to: The Manager, Life Customer Service, GPO Box 68, Sydney NSW 2001.

4. Other information

- a. We reserve the right to ask that instructions from a customer, to stop or in any way alter the debiting arrangement are in a written, verbal or electronic form.
- b. The terms and conditions of your SLSL policy govern your instalments. The policy allows us to cancel it after writing to you if debits are dishonoured by your financial institution and your premium is overdue by 30 days or more.
- c. We may vary the amount subject to the terms and conditions of your policy to be deducted from the account or the frequency of future debits by giving at least 14 days notice to you, in writing. All future amounts payable by you under the policy will be debited to the financial institution account shown in the DDR unless you tell us you wish to cancel the arrangement.
- d. Financial institution fees (including dishonour charges) may also apply to this debiting arrangement.