

DIRECT DEBIT REQUEST



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

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

Current premium amount

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

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

I authorise TAL Life 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 and request TAL Life Limited (user ID 367 806) to debit premiums from your account with a financial institution.

This debit or charge will be made through the Bulk Electronic Clearing System Framework (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

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"/>
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"/>

Part B Credit card (Only Mastercard and Visa available)

I authorise TAL Life 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"/> <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"/>

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

The completed form may be emailed to life_customerservice@asteronlife.com.au

TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). SPSSL Limited ABN 61 063 427 958 AFSL 237905, RSE Licence No L0002059 (Trustee) is the trustee of the SPSSL Master Trust ABN 98 350 952 022, RSE Fund Registration No. R1056655. The Trustee is wholly owned by LGIAsuper Trustee as trustee for LGIAsuper (LGIAsuper) and is not part of the TAL group of companies. The Trustee uses the Asteron Life brand under licence from the TAL group of companies. The TAL group of companies are not part of the LGIAsuper Group. The different entities of TAL and the LGIAsuper Group of companies are not responsible for, or liable in respect of, products and services provided by the other.

Direct Debit Request Service Agreement

This Direct Debit Request (DDR) Service Agreement is issued by TAL Life Limited ABN 70 050 109 450 (TAL Life) user ID 367806. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your DDR and must be read in conjunction with the DDR Form on the previous page. You should direct all enquiries about your direct debit to our customer service team 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. TAL Life will keep information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution, in the event of a claim or relating to an alleged incorrect or wrongful debit, or where specifically required by the law.
- 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:

- check your account details against a recent bank statement.
- ensure your nominated financial institution account can accept direct debits through the Bulk Electronic Clearing System (BECS). Please be aware that not all accounts allow direct debits through BECS. If you are unsure please check with your financial institution before completing your direct debit request form.
- ensure there are sufficient funds available in the nominated financial institution account on the due date to cover the premiums.
- 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 by contacting us on the details under 3b. Such advice should be received by us at least seven 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 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. The details of your debiting arrangements are contained in the DDR.
- b. 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.
- c. The terms and conditions of your Asteron 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.
- d. 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.
- e. Financial institution fees (including dishonour charges) may also apply to this debiting arrangement. If there are insufficient funds in your account, you may incur dishonour fees from your financial institution and your policy may be at risk of cancellation if your premium is not paid by the due date. Dishonour fees will not be charged by TAL Life if direct debits are returned.
- f. If you are uncertain when the funds will be debited from your nominated account, you should enquire directly with your financial institution.
- g. If you wish to notify us in writing about anything relating to this agreement, you should write to: Life Customer Service, GPO Box 68, Sydney NSW 2001.
- h. We will notify you by sending a notice to the preferred address or email you have given us in the Direct Debit Request. Any notice will be deemed to have been received on the second banking day after sending.

5. 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.

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

direct debit request (DDR) means the Direct Debit Request between us and you.

us or **we** means TAL Life Limited you have authorised by requesting a Direct Debit Request.

you means the customer who has signed or authorised by other means the Direct Debit Request.

your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.