

# Platform change

## Information sheet

### When to use this form

Use this form to change your insurance premium payment method for your existing plan. You can use the North, Summit, Generations, iAccess platforms<sup>(i)</sup> or individual payment<sup>(ii)</sup> to do this.

For example: If you're paying your insurance premiums by direct debit from your bank account (ie individual payment) through the National Mutual Retirement Fund (NMRF), you can change the payment method so the premiums are paid from your nominated platform.

- (i) A platform is a structure that allows you to package a range of investments together as a portfolio. They're usually known as master trusts or wrap accounts.
- (ii) Individual payment refers to insurance premium payments made by you or your employer. Please refer to your **product disclosure statement (PDS)** for further information.

### Conditions

To qualify, the following conditions apply:

**Note:** If you're eligible, the terms and conditions on your original plan document will continue to apply and there'll be no changes to your premium (we won't need a quote for the transferring cover). If these conditions aren't met please complete the **insurance application form** found in the Resolution Elevate **PDS**.

### Payment source

If you request for your premiums to be paid from a North, Summit Generations or iAccess account, the premiums will be paid from the relevant cash account.

For all other payment methods, the **payment authority** section of this form should be completed.

### Cover type and level

There must be no changes to the cover other than the payment method. For example you cannot change a Life Insurance Plan to a Life Insurance Superannuation Plan.

### Insurance product and series

**Note:** This is only available for individual insurance, not group insurance.

As this form can be used to alter the payment method for life, total and permanent disability (TPD), trauma and income insurance, there must be no change to the insurance product or series of the cover.

### Investor Directed Portfolio Service (IDPS) transfers

For transfers to North, Summit, Generations or iAccess IDPS plans, the series must be 05 August 2005 or later.

For transfers to individual payment from North, Summit, Generations or iAccess, there are no restrictions on which series can be transferred.

### Superannuation transfers

For transfers to North Superannuation plans, the series must be 23 July 2007 or later.

For transfers to Summit, Generations or iAccess superannuation plans, the series must be 19 April 2010 or later.

For transfers to individual payment from North, Summit, Generations or iAccess, there are no restrictions on which series can be transferred.

- !** If you apply to transfer a Life Insurance Superannuation Plan or an Income Insurance Superannuation Plan to a:
- North, Summit, Generations or iAccess plan—you're also applying for membership of the Wealth Personal Superannuation and Pension Fund.
  - individual payment—you're also applying for membership of the NMRF.

### Policy owner

There must be no change in the owner of the policy.

## Tax File Number

Your Tax File Number (TFN) is confidential. Before you provide your TFN we are required to tell you the following:

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to your superannuation fund will have the following advantages:

- Your superannuation fund will be able to accept all types of contributions to your account(s).
- The tax on contributions to your superannuation account(s) will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
- It will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

### No-TFN contributions income tax

From 1 July 2007, concessional contributions paid into your account (where the fund does not hold your Tax File Number) are subject to 'No-TFN contributions income tax'. This is charged in addition to the 15% contributions tax and deducted on 30 June or when you exit the fund.

However—if you subsequently supply us with your TFN within the required timeframe you may be eligible to receive a refund of the 'No-TFN contributions income tax'.

Refer to your **annual statement** or contact your financial adviser or Customer Service for further information.

Please keep this information sheet for your records—  
don't return it with your completed form(s).

# Platform change

Use this form to change your insurance premium payment method for your existing plan. You can use the North, Summit, Generations, iAccess platforms or individual payment to do this. Refer to the **information sheet** for 'platform' and 'individual payment' definitions.

For example: If you're paying your insurance premiums by direct debit from your bank account (ie individual payment) through the National Mutual Retirement Fund (NMRF), you can change the payment method so the premiums are paid from your nominated platform.

Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

## 1. Your insurance premium payment options

### What do you want to do?

- Option 1: Platform change > Complete sections 1, 2, 3, 11 and 12.
- Option 2: Individual payment method (for non-super/SMSF only) > Complete sections 1, 2, 4, 5, 6, 7, 8, 11 and 12.
- Option 3: Individual payment method (for super only) > Complete sections 1, 2 and 4 to 12.

## 2. Personal details

Existing plan number

Product type

Title  Date of birth

Surname

Given name(s)

Gender  
 Male  Female

Residential address (a PO Box is not acceptable)

Suburb  State  Postcode

Contact phone number  Mobile number

Email address

By providing your email address, you consent to receiving all future communications, including information about products and services offered by Resolution Life, to the above email address.\*

## 2. Personal details (continued)

**Address for communications**

Please cross  if same as residential address.

Address

Suburb  State  Postcode

## 3. Platform change details

- For non-super or SMSF plans:**
- If you nominate a North, Summit, Generations or iAccess Investment account, all non-superannuation or SMSF plans quoted will be paid from your investment account.
- Note:** You must be authorised to transact on the nominated investment account.
- For super plans:**
- If you nominate a North, Summit, Generations or iAccess super or pension plan, all superannuation plans quoted will be owned by N.M. Superannuation Proprietary Limited as trustee of the Wealth Personal Superannuation and Pension Fund, and paid from your super/pension account.
  - The person insured must be the member of the nominated account.
  - If you don't nominate a North, Summit, Generations or iAccess super or pension plan then all superannuation plans will be owned by Equity Trustees Superannuation Limited as trustee of the NMRF.
- Note:** Income insurance cannot be paid for from a pension account.

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 Resolution Life Australasia Limited ABN 84 079 300 379

\*We may use or disclose your personal information to contact you for purposes relating to the administration, operation and management of your policies with us. We may also send you information about products and services offered by Resolution Life. You may opt out of receiving direct electronic marketing communications from us at any time.

### 3. Platform change details (continued)

How will your insurance premiums now be paid (select **one platform** only)?

North  Summit  Generations  iAccess

North, Summit, Generations or iAccess plan number:

### 4. Individual payment method details

- **For non-super or SMSF plans (including FlexiLink plan and/or PremierLink TPD option)**—complete this section if you're applying to transfer your method of payment and the insurance premiums are **not** paid from a North, Summit, Generations or iAccess plan.
- **For super plans**—complete this section if you're applying for a Life Insurance Superannuation or an Income Insurance Superannuation Plan held through Super Directions.

**!** Before completing this section, please read the **paying your premiums** section in the general terms and conditions of your **product disclosure statement (PDS)**.

Select the current payment method that's been set up on your plan:

Direct debit by credit card or bank account

List the current insurance plans that are paid by direct debit credit card (and continue to sections **5** and **6**) or direct debit bank account (continue to sections **5** and **7**):


**Receive payment due notices** (available for quarterly, half-yearly and yearly payments only)

**Partial rollover from a complying super fund**—for super products only.

**Note:** If you've crossed this box please complete and return the **enduring rollover authority** form available at [resolutionlife.com.au](http://resolutionlife.com.au) (eligibility criteria applies).

### 5. Premium payment frequency

I'd like my ongoing insurance premiums to be deducted:

Fortnightly  Monthly  Quarterly

Half yearly  Yearly

**Note:** If you're paying **monthly**, you have the option of nominating the deduction date (this can only be between the 1st and 28th of the month).

Please nominate the monthly deduction date if you'd like to take this option:

### 6. Direct debit credit card details

Type of credit card

Visa  MasterCard

Credit card number

Card expiry date

Name on credit card

Cardholder's signature

Date

**!** If your credit card details change (eg card number or expiry date) we may be unable to process your payment.

To update your credit card details, please call us on 133 731.

### 7. Direct debit bank account details

**Important**

- Please refer to your financial institution to check if your account offers direct debiting.
- **For super plans:** If a deposit premium isn't supplied, we'll automatically deduct the premium payment on acceptance and completion of this application.

Name of financial institution

Address of financial institution

Name of account holder(s)

BSB number

Account number

Australian Business Number (if applicable for SMSF)

Account holder 1 signature

Date

## 7. Direct debit bank account details (continued)

Account holder 2 signature (if applicable)

Date

## 8. Overdue insurance premiums

If you're behind with your premium payments we can deduct the amount due from your credit card or nominated bank account.

Would you like us to deduct any overdue amounts (if applicable)?

- No
- Yes—please use the credit card or bank account details provided in this form to pay overdue premium payments.

## 9. Tax File Number (for super plans only)

- I have already provided my Tax File Number
- I wish to provide my TFN

I confirm that I've read the TFN section in the **information sheet** and agree to provide my TFN.

Tax File Number (TFN)

- I do not wish to provide my TFN

I have read the TFN section in the **information sheet** and I do not wish to quote my Tax File Number.

**!** Under the *Superannuation Industry (Supervision) Act 1993*, you're not obliged to disclose your Tax File Number (TFN)—however, there may be tax consequences. Refer to the attached **information sheet** for details.

## 10. Contribution type (for super plans only)

Complete this section if you're applying for insurance through superannuation (ie NMRP) and you're paying by individual payment.

How would you like your insurance premiums to be applied to your plan?

- Member non-concessional contributions
- Employer concessional contributions—please provide your employer details below:

Company name

Company address

  

Suburb

State

Postcode

Has your employer agreed to pay for premium increases due to indexation?

- No
- Yes

## 11. Declaration and consent

I authorise:

- Any medical practitioner, doctor, health professional, hospital, clinic, other insurers (including related companies of Resolution Life) or other professional, such as a financial adviser or accountant, to disclose any information they may possess about me, whether held in hard copy or in any other format, to Resolution Life.
- Resolution Life to collect any information they have on my health, medical history, pastimes, work history or anything else that Resolution Life considers to be relevant to assessing or underwriting this cover or assessing any claim under it.
- Where I hold other policies or plans within the Resolution Life Group, I authorise the use of any information obtained under this authority in connection with those policies or plans.

### Insured person's signature (for super only)

Insured person's name

(Print in CAPITAL LETTERS)

Insured person's signature

Date

### Plan owner's signature(s) (if applicable)

**Note:** The plan owner(s) must be aged 16 or over.

Plan owner name 1

(Print in CAPITAL LETTERS)

Plan owner 1 signature

Date

Plan owner name 2 (if applicable)

(Print in CAPITAL LETTERS)

Plan owner 2 signature

Date

## 11. Declaration and consent (continued)

### SMSF or Trustee signature (if applicable)

Trust or SMSF full name  
(Print in CAPITAL LETTERS)

Trustee 1 name  
(Print in CAPITAL LETTERS)

Trustee 1 signature

Date

Trustee 2 name  
(Print in CAPITAL LETTERS)

Trustee 2 signature

Date

Trustee 3 name  
(Print in CAPITAL LETTERS)

Trustee 3 signature

Date

### Company signatures (if applicable)

- ! – For any company—to be signed by either two directors of the company or a director and company secretary, or
- For a proprietary company—to be signed by one signature as ‘sole director and secretary’ where the company has one director who is also the sole company secretary.

**Note:** If the company constitution mandates the use of a company seal then it must be provided along with the relevant signatures outlined below.

Company full name  
(Print in CAPITAL LETTERS)

## 11. Declaration and consent (continued)

### Company signatures (if applicable) (continued)

Director/Sole director/Secretary name 1  
(Print in CAPITAL LETTERS)

Director/Sole director/Secretary signature 1

Date

Director/Sole director/Secretary name 2  
(Print in CAPITAL LETTERS)

Director/Sole director/Secretary signature 2

Date

Company seal

## 12. Checklist

- Have you completed all of the relevant sections of this form?
- Have you read and understood the conditions and Tax File Number information in the **information sheet**?
- Have you provided your Tax File Number in section 9 (if applicable)?
- Have you signed and dated the form where indicated?

## Where to send this form

Mail or email this completed form to:

Resolution Life Customer Service  
GPO Box 5441  
Sydney NSW 2001  
askus@resolutionlife.com.au

**Any questions?**  
133 731