

## Application for Increase or Alteration

### Information sheet

#### When to use this form

Use this form when you are applying for an increase or alteration to your existing Firstcare- Lifetime Protection, Whole of Life, Endowment, Investment Linked, Term Life Insurance, CrisisCare, or Portfolio Plan.

#### Important information

If you want to:

- increase your cover under Guaranteed Future Insurability, please complete the **Guaranteed Future Insurability** form (Resolution Life form number NS3261\_RL for Firstcare- Lifetime Protection Death, TPD, Trauma plans and Resolution Life form number NS3380\_RL for the Firstcare- Lifetime Protection Income Protection plan)
- change your ownership to a self-managed superannuation fund and/or change your type of premium, please complete the **Change of ownership to a self-managed super fund and change of premium type** form (Resolution Life form number NS4816\_RL)
- increase or alter your Firstcare- Lifetime Protection (Business Overheads Insurance) plan, please attach the **Business Overheads Questionnaire**
- reduce or cancel your insurance, please call us.

In addition to this form, a **Personal Statement** must be completed by the insured person or for a child by a parent or guardian, unless the alteration application is:

- applicable only to a pure endowment maturity benefit, or
- a conversion from an existing benefit or plan and there is no increase in the sum insured, or
- a change from a Stand Alone cover to Linked and there is no increase in the sum insured, or
- an alteration to an existing premium/contribution frequency, or
- a change from AIDS cover to AIDS Exclusion, or
- an increase under the Guaranteed Future Insurability, as above, or
- to increase your existing Superannuation Contribution Option percentage, or
- to remove your existing Superannuation Contribution option.

#### What you need to tell us

##### When you apply for insurance

When you apply for insurance, the insurer conducts a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

##### The Duty to Take Reasonable Care Not to Make a Misrepresentation

**!** Read this if you are applying for insurance as the policy owner, if you will be an insured person under a policy owned by someone else, or if you will be an insured person under a superannuation plan.

##### Your legal duty

When you apply for insurance and up until your application is accepted by the insurer, there is a legal Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer at that time.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Where a **policy** owned by one person covers the life of another person, it's important that the other person does not make a misrepresentation when providing information to the insurer. If the other person does make a misrepresentation, then it may be treated as a failure by the owner of the

**policy** in their Duty to Take Reasonable Care Not to Make a Misrepresentation. Therefore, you must take reasonable care not to make a misrepresentation when giving us information whether you're the owner of the **policy** or an **insured person** under it.

### If you do not meet your legal duty

If you do not meet your Duty to Take Reasonable Care Not to Make a Misrepresentation, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

If there is a failure to comply with the Duty to Take Reasonable Care Not to Make a Misrepresentation, there are different remedies that may be available to the insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the insurer in the position it would have been in if the duty had been met. Therefore, if the person who answers our questions does not take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

- we may **treat the contract (or your cover) as if it never existed** – the insurer can only do this within three years of your cover starting.
- we may **reduce the amount you've been insured for** – to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would have had to pay if you'd told us everything you should have. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.
- we may **vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.

Your total insurance cover forms one insurance contract. If you don't meet your legal duty, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was;
- what the insurer would have done if the duty had been met – for example, whether the insurer would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

If we decide to exercise one of these remedies, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

### Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

### Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

### After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact us immediately.

Please retain this information sheet for your records.  
Do not return it with your completed form(s).

# Application for Increase or Alteration

Use this form when you are applying for an increase or alteration of your existing Firstcare- Lifetime Protection, Whole of Life, Endowment, Investment Linked, Term Life Insurance, CrisisCare, or Portfolio Plan.

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

## 1. Plan details

Plan number

Alteration effective date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

### Plan type

- Firstcare- Lifetime Protection (Business Overheads Insurance)  
—please attach the **Business Overheads questionnaire**
- Firstcare- Lifetime Protection (Death, TPD Trauma)
- Firstcare- Lifetime Protection (Income Protection)
- Life Insurance Plan (Whole of Life and Endowment Plans)
- Investment Plans (Investment Linked and Portfolio Plans)
- Term Life Insurance (TLI, YRT) or CrisisCare

## 2. Application type

### Firstcare- Lifetime Protection (Income Protection)

- Increase of existing monthly benefit
- Extension of benefit period
- Reduction of waiting period
- Add Superannuation Contribution Option
- Increase Superannuation Contribution Option
- Remove Superannuation Contribution Option
- Add Claim Escalation benefit
- Change from AIDS exclusion to AIDS cover
- Change from AIDS cover to AIDS exclusion

### Other

- Sum insured increase of existing insurance/benefit
- Change from Linked cover to Stand Alone cover
- Change from Stand Alone cover to Linked cover
- Conversion of benefits to increase an existing plan
- Alteration to existing premium/contribution frequency

## 3. Plan owner(s)

### Plan owner 1

Please cross  the applicable type of plan owner.

**Note:** For superannuation plans, the owner is Equity Trustees Superannuation Limited.

#### Individual

Title

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Surname

Given name(s)

Gender

Male  Female

#### Company

Company name

Title

Surname

Given name(s)

Job Title

#### Self-managed Super Fund (SMSF)

Trustee name

Superannuation fund name

### 3. Plan owner(s) (continued)

- Equity Trustees Superannuation Limited (superannuation plans)

Address

  

Contact phone number

Mobile number

#### Plan owner 2

- Individual

Title

Date of birth

       

Surname

Given name(s)

Gender

Male  Female

Residential address

  

Suburb

State

Postcode

Contact phone number

Mobile number

### 4. Insurance benefit details

This section only applies to:

- Income Protection, and/or
- Business Overheads Insurance.

a. Type of insurance

- Advanced (IPA)  
 Standard (IPB)  
 Basic (IPC)  
 Business Overheads Insurance (BOI)

b. Total maximum monthly benefit (including Superannuation Contribution Option, if applicable).

\$

c. Superannuation Contribution Option (SCO)

Remove  Add  Increase

Nominated SCO percentage  %

The percentage I have nominated is not more than the percentage that is currently being contributed to my complying super fund.

d. Waiting period

- 2 weeks  4 weeks  8 weeks  13 weeks  26 weeks  52 weeks  104 weeks

### 4. Insurance benefit details (continued)

e. Benefit period

- 1 year  To age 60  
 2 years  To age 65  
 5 years  Lifetime (only available to existing plans with Lifetime benefit)

f. Premium type

- Stepped  Level

g. Optional benefits

- AIDS cover  
 Day 1 Accident option (IPA and IPB only)  
 Claim Escalation benefit (IPB and IPC only)

h. Type of plan

- Agreed  Indemnity

i. Occupation group

- 4A  A  2B  
 3A  4B  1B  
 2A  3B  E

### 5. Increase premium/contribution details

To be completed for all formal increases to premiums/contributions and also changing the premium/contribution frequency.

Increase details to be entered using the new frequency

Existing premium	\$ <input type="text"/>
New premium	\$ <input type="text"/>

Frequency ( one box only)

- Monthly  Half-yearly  Yearly

Method ( one box only)

- Direct to Resolution Life (Resolution Life sends you a payment notice).  
**Note:** Not available for Monthly frequency.  
 Direct debit from a financial institution account or credit card account (complete the appropriate Direct debit request at the back of this form).

Are premiums for this plan paid by your employer?

- No  
 Yes (not available for Income Protection)

## 6. Insurance benefits – alteration details

**Note:** This section is applicable for all covers.

a. Name of insured person

Title

Surname



Given name(s)

Occupation of insured person

b. Do you have in force, or are you applying for, any personal insurance with Resolution Life or any other insurer (ie other than this/these applications)?

No

Yes

If **Yes**, please provide full details of:

- any policies in force with Resolution Life
- any policies in force with any other insurer
- any policies that you are applying for with other insurers.

Important:

- Your application will be considered on the understanding that if you intend to cancel any existing cover, that you will do so on acceptance of this application. Failure to do so may render invalid a claim on your Resolution Life plan. If this application is to replace a current Resolution Life plan, the plan to be replaced will cease and a new plan will start.
- Do not include values of cover from this application in your responses below.

Name of insurer	Life cover (\$)	TPD cover (\$)	Trauma cover (\$)	Monthly disability (income) cover (\$) and disability type <sup>(i)</sup>	Cancel cover?	Policy number
Resolution Life Australasia Limited				<input type="checkbox"/> TSC <input type="checkbox"/> IP <input type="checkbox"/> BOI	<input type="checkbox"/> Yes	
Amount to cancel						
Name of insurer				<input type="checkbox"/> TSC <input type="checkbox"/> IP <input type="checkbox"/> BOI	<input type="checkbox"/> Yes	
Amount to cancel						
Name of insurer				<input type="checkbox"/> TSC <input type="checkbox"/> IP <input type="checkbox"/> BOI	<input type="checkbox"/> Yes	
Amount to cancel						

(i) Disability types: TSC = Temporary Salary Continuance, IP = Income Protection, BOI = Business Overheads Insurance

### 6.1 Investment plans (includes Investment Plan, Personal Superannuation Plan, Investment Linked Plan and Portfolio Plan)

Please enter new amounts (where applicable) and place a cross  in any applicable boxes.

#### Tables ULEJ/ULES, ULA/ULI, and ULS

	New amount (after change)	Increase	Addition	Indexation required for addition?
Insured Death Benefit	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver of Premium/Contribution Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Disablement Lump Sum Benefit	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Tables ULEN/ULN and ULC

	New amount (after change)	Increase	Addition	Indexation required for addition?
Insured Death Benefit (available after age 10)	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Future Insurability Benefit	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suspension of Premium/Contribution Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No			

## 6. Insurance benefits – alteration details (continued)

Table UL

	New amount (after change)	Increase	Addition
Level Renewable Term Benefit	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreasing Renewable Term Benefit	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Premium Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

### 6.2 Term Life Insurance (Table TLI or YRT) or CrisisCare Insurance

		New amount (after change)	Increase
<b>Death Benefit Cover/ Top Up Death Benefit</b>		\$ <input type="text"/>	<input type="checkbox"/>
<b>Disablement Lump Sum</b>	<input type="checkbox"/> DLS <input type="checkbox"/> DLSA <sup>1</sup>	\$ <input type="text"/>	<input type="checkbox"/>
<b>Disablement Lump Sum Benefit with Buy back (TLI only)</b>	<input type="checkbox"/> DLSB	\$ <input type="text"/>	<input type="checkbox"/>
<b>CrisisCare</b>	<input type="checkbox"/> CCA <input type="checkbox"/> CCS	\$ <input type="text"/>	<input type="checkbox"/>
<b>CrisisCare Children's Benefit</b>		\$ <input type="text"/>	
<b>Waiver of Premium Benefit</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

#### Waiver of Premium

**Individual Life**

If Individual Life Waiver of Premium is selected, the cover waives the premiums and Plan Fee just for that person if they become totally disabled. Any adult insured person can select this cover.

**Nominated Life<sup>1</sup>**

If Nominated Life Waiver of Premium is selected, the cover waives all the premiums and Plan Fees for all people included on the plan. Only one person can be nominated per plan. If that person becomes totally disabled, we will waive all premiums and Plan Fees.

<sup>1</sup> Not applicable with YRT.

### 6.3 Firstcare- Lifetime Protection Death, TPD and Trauma (includes Superannuation plans)

		New amount (after change)	Increase	Addition
<b>Death Cover</b>		\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total and Permanent Disablement Cover (TPD)</b>		\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trauma Cover</b>		\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trauma type</b>	<input type="checkbox"/> Optimum <input type="checkbox"/> Standard <input type="checkbox"/> Premier <input type="checkbox"/> Advanced (Increase only) (Increase only)			
<b>Trauma options</b>	<input type="checkbox"/> Buy back (Optimum and Premier) <input type="checkbox"/> Trauma Reinstatement (Optimum and Premier) <input type="checkbox"/> Partials Package (Optimum, Standard and Advanced)			
<b>Exercising Business Safeguard Option:</b>				
Death cover		\$ <input type="text"/>		
TPD cover		\$ <input type="text"/>		

## 6. Insurance benefits – alteration details (continued)

### 6.4 Life Insurance Plans – Whole of Life and Endowment Plans

#### Children's tables

	New amount (after change)	Increase	Addition
Death Benefit	\$ <input type="text"/>	<input type="checkbox"/>	
Guaranteed Future Insurance Benefit	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspension of Premium Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

#### Adult tables

	New amount (after change)	Increase	Addition
Indexation (addition of CPI) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Death Benefit <sup>1</sup>	\$ <input type="text"/>	<input type="checkbox"/>	
Level Temporary Insurance Benefit (TR) Term <input type="text"/> <input type="text"/> Years	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Future Insurance Benefit	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convertible Protection Benefit (CP) No. of units <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Benefit <input type="text"/> <input type="text"/> <input type="text"/> %		<input type="checkbox"/>	
Waiver of Premium Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Disablement Benefit (SD) <sup>2</sup>		<input type="checkbox"/>	<input type="checkbox"/>

1 If you increase the Death Benefit and the plan already includes Accidental Death or Accidental Death and Disablement Benefits, these will also be increased.

2 The Supplementary Disablement Benefit sum insured must be the same as the Death Benefit.

## 7. Payment details

**!** We'll need your super fund details (if your policy/plan is owned by a superannuation fund) to refund any insurance premiums if applicable

We'll need your bank details (if your policy is ordinary) to refund any insurance premiums if applicable

We'll need the following from you to refund any insurance premiums to you (if applicable):

- Super account -- your super fund details
- Non super account -- your bank account details

**Deposit in my bank/building society/credit union account**

Bank/building society/credit union name

Bank/building society/credit union address

  

Suburb

State

Postcode

BSB number

Account number

Payee account name

**Transfer to an external fund (excluding transfers to a Self Managed Super Fund (SMSF))**

Name of fund<sup>1</sup>

Name of fund administrator

Postal address

  

Administrator's phone number

Membership number<sup>1</sup>

Unique Superannuation Identifier (USI)

ABN

Product name

## 7. Payment details (continued)

**!** For EFT payments, you must provide us with a certified copy of your SMSF bank statement.

**Transfer to a Self Managed Super Fund (SMSF)**

Name of SMSF fund<sup>2</sup>

Fund phone number<sup>2</sup>

ABN

Account name

BSB

Account number

<sup>1</sup> Required if transfer is to a super fund. Please obtain from the receiving fund. If these details are not quoted, we may not be able to process your application.

<sup>2</sup> If these details are not quoted, we may not be able to process your application.



## 8. Declaration and signatures

### acknowledge and declare that:

- I have read and understood the section entitled 'The Duty to Take Reasonable Care Not to Make a Misrepresentation' in the **Information sheet**, and understand that any cover issued by the insurer will be based on the answers I provide to questions in this form and any other questions that are asked before the insurer advises me in writing that it has issued a policy. I understand that if the questions are not answered truthfully, accurately and completely the insurance I have applied for may be avoided (treated as if it never existed) or altered and if I have made a claim under the insurance it may not be payable or be reduced. If someone has assisted me to complete this form (such as my financial adviser) I have checked every answer (and if necessary made corrections) before this form is submitted, and
- I have read the privacy information in the **Information sheet** and I agree to the various uses and exchanges of my personal information as set out in that section.
- I/We consent to Resolution Life and/or their health screening provider speaking to a third party for the sole purpose of arranging a health screening appointment. This third party may include a spouse, family member, personal assistant, financial adviser or other relevant party.

### For superannuation plans

- If an employer is going to contribute to the National Mutual Retirement Fund (NMRF) to pay for my insurance premiums, I confirm that:
  - a. Any contributions made under an award or industrial agreement can legally be paid into the NMRF, and
  - b. I will write to advise the Trustee if my employer stops making these contributions.
- I understand that I cannot receive a terminal illness benefit or a TPD benefit in cash unless I am able to access my superannuation benefit.

### For Firstcare- Lifetime Protection plans

- I/We have received and read the most recent Firstcare- Lifetime Protection **Product Disclosure Statement (PDS)** and any additional supplements.

### For Income Protection

#### plans Overseas

- I/We understand that, at Resolution Life's discretion, insurance benefits may not be payable for more than 3 months in any one period that the insured person is unable to work, unless they are continually present in Australia or New Zealand.

### Basic cover (IPC)

- I/We understand that Income Protection Insurance – Basic cover plans (if included in this application) may be cancelled by Resolution Life following a claim.

### Superannuation Contribution option

- I/We agree and acknowledge that, unless I am/we are the trustee of a self-managed or small APRA superannuation fund, at the time of claim I/we will be required to nominate a complying superannuation fund or retirement savings account to which Resolution Life can pay the nominated SCO percentage.

### For plans providing Total and Permanent Disablement cover and/or Trauma cover (except for Firstcare- Lifetime Protection plans)

- If Death cover has not been selected for an insured person, I/we acknowledge that Resolution Life will not make any payment under the plan should that insured person die.

Signature of insured person

X

Date

D D M M Y Y Y Y

Signature(s) of plan owner(s) – if different to insured person

X

Date

D D M M Y Y Y Y

Signature(s) of plan owner(s) – if different to insured person

X

Date

D D M M Y Y Y Y

## 9. Conversion to increase your existing Firstcare- Lifetime Protection policy (if applicable)

**Note:** To be completed with the assistance of your Resolution Life financial adviser. You do not need to complete a **Personal statement**.

### 9.1 Request if converting benefits on existing plans (Conversion)

I/We as plan owner(s) or insured person of plan(s) below, request that these plan(s) be cancelled/alterd as indicated, effective from the commencing date of the insurance applied for in this application.

Conversion of CP/R units <input type="checkbox"/>	No. of units <input type="text"/>	Plan number(s)
		<input type="text"/>
		<input type="text"/>

Conversion of plan(s) and increase to existing plan

### 9.2 Future insurance option

Please select the applicable event:

- Marriage  
 Birth/Adoption (please provide evidence of the event)  
 Other—please specify below:

### 9.3 Habits

Have you smoked tobacco (or any other substance) or used nicotine replacement products in the last 12 months?

- No  
 Yes—please enter details below:

Type of substance

Average daily quantity

Date ceased (if applicable)

### 9.4 Authorisation and acknowledgement

- I/We request that the old plan be converted effective from the issue date of the new plan being applied for.
- I/We acknowledge that all cover for the insured person under the old plan will end when the new plan is issued.
- I/We acknowledge that this new plan is issued on the basis that I/we complied with the duty of disclosure at the time of issue of the old plan and on the basis that any statements made by me/us and all life insured under the old plan were accurate and complete.
- I/We acknowledge that any special conditions applying to the old plan will continue under the new plan.
- **Firstcare- Lifetime Protection only** – I/We understand that the exclusion applicable to death or terminal illness will not apply to my/our new plan for the same amount of cover, provided the one year and 30 day period under my/our old plan has finished.

Signature(s) of previous plan owner(s)/insured person

Date

Signature(s) of new plan owner(s)/insured person

Date

This page has been left blank intentionally.



## 4. Authorisation

### Deduction from bank account:

- I/We request Resolution Life Australasia Limited (user ID000103), until further notice in writing to debit my/our account (as outlined in section 2), any amounts which they may debit or charge me/us through the direct debit system.
- I/We have read and agree to the terms of the direct debit service agreement.

Signature of account holder 1

X

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of account holder 2 (if applicable)

X

Date

D	D	M	M	Y	Y	Y	Y
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### Deduction from credit card:

- I request Resolution Life Australasia Limited to debit my credit card account (as outlined in section 3) with any amounts that Resolution Life may debit or charge me through the direct debit system.
- I understand that I or Resolution Life may terminate at any time in writing

Signature of cardholder

X

Date

D	D	M	M	Y	Y	Y	Y
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## Direct debit request (Whole of Life, Endowment, Investment plans)

Use this form to set up a direct debit payment for your Whole of Life, Endowment or Investment plan.

**Note:** Direct debit is not available on the full range of bank accounts. If in doubt, please speak to your bank/financial institution.

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

### 1. Debit details

**Note:** Deduction dates are fixed in line with your premium due date, unless you indicate a specific date for deductions to occur.

Plan/Application number	Amount
<input type="text"/>	\$ <input type="text"/>
Payment frequency	
<input type="checkbox"/> Monthly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	
Next deduction 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"/>	
Payment type	
<input type="checkbox"/> Regular <input type="checkbox"/> Overdue <input type="checkbox"/> Loan	

Plan/Application number	Amount
<input type="text"/>	\$ <input type="text"/>
Payment frequency	
<input type="checkbox"/> Monthly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	
Next deduction 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"/>	
Payment type	
<input type="checkbox"/> Regular <input type="checkbox"/> Overdue <input type="checkbox"/> Loan	

Plan/Application number	Amount
<input type="text"/>	\$ <input type="text"/>
Payment frequency	
<input type="checkbox"/> Monthly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	
Next deduction 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"/>	
Payment type	
<input type="checkbox"/> Regular <input type="checkbox"/> Overdue <input type="checkbox"/> Loan	

Does this authorise contributions to be paid into a personal superannuation plan?

No     Yes

If **Yes**, will the contributions be paid by an employer?

No     Yes

### 2. Deduction from bank account

Name of financial institution (eg bank, credit union)

Address of financial institution

  

Name of account holder(s)

  

BSB number

Account number

Account holder's phone number

### 3. Authorisation

**Deduction from bank account:**

- I/We request Resolution Life Australasia Limited (user ID000103), until further notice in writing to debit my/our account (as outlined in section 2), any amounts which they may debit or charge me/us through the direct debit system.
- I/We have read and agree to the terms of the direct debit service agreement.

Signature of account holder 1

Date

Signature of account holder 2 (if applicable)

Date