

Direct debit service - Risk

Information sheet

The following provides information about direct debit and how it works

Before you complete the direct debit request form, you must check that the account you want to nominate can have direct debit (eg some passbook savings accounts and credit cards cannot have direct debit).

To find out if we can debit from your account, contact your financial institution or our customer service area by:

email askus@resolutionlife.com.aumail Resolution Life Customer Service

GPO Box 5441 Sydney NSW 2001

Australia

phone 133 731

When you complete the form, please double-check the account details are correct by comparing them with a recent statement from your financial institution.

This agreement allows Resolution Life to deduct from your nominated account the amount and frequency shown on the Policy Document, or the amount as modified annually due to CPI increases.

If we want to change this agreement, we will notify you 14 days in advance. If you disagree with this change please notify us within these 14 days. For Flexible Lifetime® – Protection customers, if we want to change this agreement, we will notify you 14 days in advance unless the change is specifically in relation to government stamp duty.

Resolution Life will keep your financial institution account details confidential.

However, we will disclose these details:

- if you give permission.
- if a court order applies.
- to settle a claim.
- if our financial institution needs information.

If the due date is on a weekend or public holiday, we will process your payment on the next business day.

You should make sure that sufficient cleared funds are available in your account on the due date for payment.

If there are not sufficient funds and your financial institution dishonours the payment, any charges incurred by:

- your financial institution may be debited from your account.
- Resolution Life may be debited from your plan.

If you want to change or cancel this agreement or dispute a debit, contact our customer service area (the contact details are listed in point 1). In particular, if you want to:

- Change this agreement, eg the amount you pay, how often you pay, account number, deferring payment due to unforeseen circumstances. You need to contact us at least three days before the due date.
- Cancel this agreement or an individual payment. You need to contact us at least five days before the due date.
- Dispute a debit that has been made from your account.
 Resolution Life will respond to your initial dispute within five business days.
- Cancellations and claims may also be made through your financial institution.

For Superannuation customers only

Your direct debit authority may not be created if a valid TFN has not been provided.

- If you have not provided a valid TFN your member or spouse (non-concessional) direct debit contributions request will be suspended until you provide a valid TFN.
- Your member or spouse (non-concessional) direct debit deductions will start effective on the date you provide a valid TFN.
- Any outstanding direct debit contributions will be deducted effective from the date you provide a valid TFN.
- If you wish to make a personal contribution on which you intend to claim a tax deduction you need to provide your TFN before making the contribution.

If you wish to provide your TFN please complete the online Tax File Number Notification section or the Tax File Number Notification form available at **resolutionlife.com.au**, or contact the customer service call centre on 133 731.

Your direct debit authority may not be created if you are no longer eligible to make member contributions, or if you are making spouse contributions, your spouse is no longer eligible to have spouse contributions made to their account/ plan (you should refer to the **product disclosure statement** for further information on eligibility to contribute).

Note: In this agreement, we refer to Resolution Life as 'we', 'us' and 'our'.

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



Direct debit request – Risk

Important information

You can call us on 133 731 to have your direct debit request actioned over the phone or you can complete and send this form to us instead.

| 1. Plan holder personal details | | 3. Visa or Mastercard | l debit request |
|---|--------------------|---|-------------------------------------|
| Title | | Type of card | |
| | | | |
| Last name | | Card number | |
| | | | |
| First name | | Expiry date | |
| | | | |
| Date of birth Plan number | | Name on card | |
| D D M M Y Y Y Y | | | |
| Contact phone number | | I/We: | |
| | | | to debit the card account above |
| Address | | | they may debit or charge me/us |
| | | through the direct debit s - Understand that Resolut | ion Life or I/we may terminate this |
| | | request at any time. | |
| Suburb State | Postcode | Signature of cardholder | |
| | | × | |
| Email | | * | |
| | | Date | |
| 2. Direct debit information | | D D M M Y Y Y | |
| | | 4. Bank debit request | |
| I wish to cancel my existing direct debit | □ No □ Yes | _ | |
| Amount Frequency \$ | | - | estitution (eg. bank, credit union) |
| Deduction date* | | Name of bank, credit union | , etc |
| Deduction date | | Autor | |
| * Deduction dates are fixed in line with your promium du | o data, unlana vou | Address | |
| Deduction dates are fixed in line with your premium due indicate a specific date for deductions to occur. | e date, uniess you | | |
| Does this authorise contributions to be paid | | Outhough | Otata Dantanda |
| into a personal superannuation plan? | □ No □ Yes | Suburb | State Postcode |
| If yes, will the contributions be paid by an employer? | □ No □ Yes | | |
| Credit card account deduction—go to sect | | | ld at your financial institution |
| Financial Institution deduction | | Name of account holder | |
| (eg bank, credit union)—go to section 4 . | | | |
| | | BSB number Accou | unt number |
| | | | |

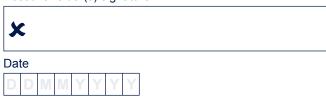
Issue date: 5 May 2022

4. Bank debit request continued

I/We the undersigned:

- Request Resolution Life (user ID 000103), to debit the account above with any amounts which they may debit or charge to me/us through the direct debit system.
- Have read and agree to the terms of the direct debit request service agreement.

Account holder(s) signature



Where to send this form

Email or mail your completed form to:

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

Note: If you email us the form there is no need to send it to us.

| Electronic use only | |
|----------------------------|--|
| Adviser No. | |
| Confirmation options | |
| Confirmation email address | |
| | |