

Direct credit change request

Use this form to change the direct credit details for payment of your regular income instalment.

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

1. Account / Plan detail	ls	3. New direct credit bank account details
Account / Plan number Product type 2. Personal details		Please provide details of your bank (or other financial institution) account that your income payment will be paid to. Details provided must be in the name(s) of the income payment recipients only. Third party and/or business accounts are not acceptable.
Title	Date of birth	Name of financial institution
	D D M M Y Y Y	Υ
Surname		Branch of financial institution
Given name(s)		BSB number
Gender		Account number
☐ Male ☐ Female		
Residential address (a PO Box is not acceptable)		Name of account holder(s)
Suburb	State Postcode	4. Authority and signature
Contact phone number	Mobile number	I/We the undersigned request Resolution Life to credit the account above with my regular income payment amount. Name (Print in BLOCK LETTERS)
Email address		Name (Fint in BLOCK LETTERS)
		Signature
Address for communica	ntions	X
Please cross / if same as residential address.		Dete
Address		Date D D M M Y Y Y Y
Suburb	State Postcode	

Issue date: 28 February 2022

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