

Direct debit request

Information sheet

When to use this form

Use this form to set up a direct debit payment from your bank (or other) account to pay your insurance premiums.

Note: You can also have your **direct debit request** actioned over the phone by calling Customer Service on 133 731.

Direct debit service agreement

The following terms will apply to any direct debit that you set up to pay your premiums by a **direct debit request**.

Before you request a direct debit arrangement, you must confirm that the account you want to nominate can have direct debit (eg some passbook savings accounts cannot have direct debit). To find out if Resolution Life can debit from your account, contact your financial institution.

Please double-check the account details you provide 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 at the frequency you request.

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

Resolution Life will keep your financial details confidential. However, it will disclose these details:

- if you give permission
- if a court order applies
- to settle a claim
- if Resolution Life's financial institution needs information.

If Resolution Life wants to change this agreement

If Resolution Life wants to change this agreement, it will notify you 14 days in advance of any change.

Your responsibility to Resolution Life

It is your responsibility to ensure that sufficient cleared funds are available in your account on the due date for payment to permit processing of the **direct debit request**.

If there are not sufficient funds and your financial institution dishonours the payment, any charges incurred by your financial institution and/or Resolution Life may be debited from your account or recovered.

It is your responsibility to ensure that the authorisation given to Resolution Life to draw on your financial institution account is consistent with the account authority or signing instructions held by your financial institution for that account.

You indemnify us against all losses, costs, damages and liabilities that we suffer as a result of you breaching this agreement, or providing us with an invalid or non-binding direct debit request addressed to us.

Changing your payment details

You may cancel or change direct debit deductions at any time by contacting our Customer Service Centre on 133 731.

Issue date: 14 July 2025

Resolution Life Australasia Limited ABN 84 079 300 379

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

Direct debit request

Use this form to set up a direct debit payment to pay your insurance premiums. Refer to the **direct debit request information sheet** for further information on direct debit requests.

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

1. Direct debit options

Select your method of payment:

- ☐ Direct debit by bank account
- ☐ Direct debit by credit card

- > Complete sections **1, 2, 3, 4, 6** and **7**.
- > Complete sections **1, 2, 3, 5, 6** and **7**.

2. Personal details

Plan number(s)

Product type

Title

Surname

Given name(s)

Contact phone number

Mobile number

Email address

Address for communications

Residential address

Suburb

State

Postcode

3. Payment details

Payment amount

Payment frequency

- ☐ Fortnightly ☐ Monthly ☐ Quarterly
- ☐ Half yearly ☐ Yearly

4. Bank account details

Financial institution name

Financial institution address

Account holder name(s)

BSB number

Account number

Australian Business Number (ABN) if company account

5. Credit card details

Type of credit card

- ☐ Visa ☐ MasterCard

Credit card expiry

Credit card number

Name on credit card

! If your credit card details change at any time (eg card number, expiry date) we won't be able to process your payment. You'll need to complete a new **direct debit request** or provide us with your new credit card details over the phone — to do this, please contact us on 133 731.

6. Authorisation and signature

Authorisation:

- I/We have read and understood the information provided on the **direct debit request information sheet**.
- I/We have read and agree to the terms of the **direct debit service agreement**.
- I/We request Resolution Life (User ID 103) to debit my plan as outlined above, until further notice.
- I/We request Resolution Life to debit any outstanding payments (if applicable) from the account details provided on this form.

Account holder 1/Cardholder

Signature of account holder 1/cardholder

X

Date

D D M M Y Y Y Y

Account holder 2 (if applicable)

Signature of account holder 2

X

Date

D D M M Y Y Y Y

7. Checklist

- ☐ Have you completed section 3 to advise us of your premium payment details?
- ☐ Have you completed either section 4 or section 5 to advise which account is to be debited?
- ☐ Have you completed all relevant sections of this form?
- ☐ Have you (and any joint account holder) signed this form where indicated?

Where to send this form

Mail or email the completed form to:

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

Any questions?
133 731