

# Exercising a Trauma Reinstatement and/or Life Buy Back

## Policy owner details

**!** If the plan is owned by a company, trust or SMSF, please provide the name of the entity and the ABN in the notes section at the end of this form. Where there are multiple policy owners, please include their details, including position with company (if applicable) in the notes section.

Title	Surname	Given name(s)	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		Suburb	State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred contact number		Email address		
<input type="text"/>		<input type="text"/>		

## Exercising option

Please refer to your plan document for the terms and conditions of the option you are exercising

- I am exercising the Trauma Reinstatement Option
- I am exercising the Life Cover Buy-Back

Plan number	Sum insured being applied for
<input type="text"/>	\$ <input type="text"/>

**Note:** The sum insured cannot exceed the amount paid at claim on the original cover.

## Insured person's details

Surname	Given name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Payment authorities

### Option 1: Direct debit by credit card

**!** Direct debit by credit card is not available for plans owned by SMSFs.

Premium frequency:  Fortnightly  Monthly  Quarterly  Half-yearly  Yearly

Preferred billing date: (This is optional for monthly premium frequency and must be between 1st and 28th)

Credit card type:  Mastercard  Visa

Credit card number:  -  -  -  Expiry date:

Name on card:  Cardholder's signature:  Date signed:

If your credit card details change (e.g. 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.



