

Direct debit request

Information sheet

When to use this form

Use this form to set up, change or cancel a direct debit payment from your bank (or other) account.

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, your spouse or your employer set up to make contributions 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 or the amount as modified annually due to CPI increases.

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. If you disagree with this change, please notify Resolution Life within these 14 days.

Insurance only – Resolution Life will contact you 14 days in advance of any change, unless the change is specifically in relation to Government stamp duty.

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.

If you want to change this agreement

If you want to change or cancel this agreement or dispute a debit, go to **resolutionlife.com.au** and log into your account or contact Customer Service on 133 731.

You can also call us if you want to:

- Change this agreement – You can request to:
 - change the amount you pay
 - change how often you pay
 - change your account number
 - defer a payment due to unforeseen circumstances.

Any change request must be received by Resolution Life at least 3 business days before the changes take effect.

Growth Bond customers: Before you increase your payments, please refer to the **product disclosure statement** for information about the 125% rule.

- Cancel this agreement or an individual payment – This request must be received by Resolution Life at least 5 days before the due date
- Dispute a debit that has been made from your account – Resolution Life will respond to your initial dispute within 5 business days.

Important: If you believe that a direct debit has not been correctly processed, you should contact us immediately on 133 731.

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, change or cancel a direct debit payment. 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

What do you want to do?

- ☐ Set up a new direct debit arrangement
☐ Change an existing direct debit arrangement
☐ Cancel an existing direct debit arrangement

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

2. Personal details

Plan/Investment number

Product type

Owner 1

Title

Date of birth

Surname

Given name(s)

Contact phone number

Mobile number

Email address

Owner 2 (if applicable)

Title

Date of birth

Surname

Given name(s)

Contact phone number

Mobile number

Email address

Address for communications

Residential address

Suburb

State

Postcode

3. Payment type

What type of payment are you making?

- ☐ Regular monthly contribution (Growth Bond – Regular investment plan only)
☐ One-off contribution (Growth Bond only)
☐ Insurance premium payments

Regular monthly contributions

Payment amount (minimum \$100 per month)

Date to start direct debit

One-off contribution

Payment amount

Deduction date

Premium payment

Payment amount

Date to start direct debit¹

Payment frequency

- ☐ Monthly ☐ Half-yearly
☐ Yearly

¹ You may specify the day of the month you would like the direct debit to be processed. If you do not specify the date, we will use the day of the month that the premium falls due.

4. Bank account details

Name of financial institution

Address of financial institution

Name of account holder

BSB number

Account number

5. Credit card details

! Growth Bond only – Contributions paid by a credit card will incur a processing fee of 0.88% of each contribution amount (plus GST) applied by Resolution Life (as the Merchant).

Type of credit card

☐ Visa ☐ MasterCard

1 Not available for Growth Bond.

Credit card expiry

Credit card number

Name on credit card

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 (under ID 000103) to debit my plan/investment as outlined above, until further notice.

6. Authorisation and signature (continued)

Account holder 1

Signature of account holder 1

X

Date

Account holder 2 (if applicable)

Signature of account holder 2

X

Date

7. Checklist

- ☐ If you are setting up a new direct debit agreement or changing an existing direct debit agreement, have you completed section 3 to advise what type of payment you will be making?
- ☐ If you are setting up a new direct debit agreement or changing an existing direct debit agreement, 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 Limited
GPO Box 5441
Sydney NSW 2001

Any questions?
133 731

askus@resolutionlife.com.au