

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 details

Account / Plan number

Product type

2. Personal details

Title

Date of birth

Surname

Given name(s)

Gender

☐ Male ☐ Female

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

Contact phone number

Mobile number

Email address

Address for communications

☐ Please cross ☒ if same as residential address.

Address

Suburb

State

Postcode

3. New direct credit bank account 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.

Name of financial institution

Branch of financial institution

BSB number

Account number

Name of account holder(s)

4. Authority and signature

I/We the undersigned request Resolution Life to credit the account above with my regular income payment amount.

Name (Print in BLOCK LETTERS)

Signature

Date

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?
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