

Change of payment details form

Zurich FutureWise



Use this form to change or update the payment details on your Zurich policy, change the frequency that you pay your premiums, and/or change the date on which premiums are deducted.

Please complete all sections, use black ink and mark boxes like this with an X.

For more information call **Zurich Customer Care** on 1800 005 057, fax us at 1800 812 175, email us at life.insurance@zurich.com.au, visit our website at www.zurich.com.au or mail us at Locked Bag 994, North Sydney, NSW, 2059

1 Policy details

Please provide all policy numbers that this request applies to.

Policy number 1: Policy owner:

Policy number 2: Policy owner:

Policy number 3: Policy owner:

Policy number 4: Policy owner:

! **IMPORTANT:** Please ensure your payment method is appropriate for the policy owner/s indicated above (eg it is generally not acceptable under superannuation law to pay for your personally owned insurance via your SMSF's bank account). If unsure, please contact your Financial Adviser.

2 Change of payment details

A. Would you like to alter the frequency by which future premiums are paid?

No ► **go to next question**

Yes, please indicate frequency: Monthly – an additional loading of up to 8% may apply compared to annual premium payments.

Annually

B. Would you like to change the regular date on which premiums are deducted from your nominated account?

No ► **go to next question**

Yes, please provide preferred date of the month (eg 3rd, 15th, 21st):

If the nominated date falls on a weekend or public holiday, the premium will be deducted on the next business day.

C. Would you like to change the nominated account from which premiums are deducted for those policies listed in question 1?

No ► **go to 5**

Yes, please select one of the following: Credit card ► **go to 3**

Direct debit from bank account ► **go to 4**

5

Contact details

Your name (as per passport or birth certificate)

Title: Full given name(s):

Surname:

Sex: Male Female Date of birth: Mobile phone number:

Email address:



You only need to complete your contact details below if they have changed or not been provided previously.

Residential address (PO Box address is not acceptable)

Street name and number:

Suburb:

State: Postcode: Country:

Mailing address (PO Box address is acceptable)

Street name and number:

Suburb:

State: Postcode: Country:

Work phone number: Home phone number:

Fax number:

Signature

Date:

Full given name(s):

Surname:



Direct Debit Service Agreement

By electing to have my Zurich FutureWise premium deducted from my account by direct debit, I agree to the terms detailed below.

1. I have requested Zurich Australia Limited ABN 92 000 010 195 AFSL 232510 (User ID 117) to deduct my nominated account with:
 - any amounts that become payable in relation to my Zurich FutureWise policy, or
 - any amount needed to cover contributions to the insurance-only division of the Macquarie Superannuation Plan, through the BECS (Bulk Electronic Clearing System).
2. Zurich may cancel my insurance cover if the Direct Debit Request is cancelled under condition 12 because of dishonours.
3. I have also requested Macquarie Life Limited ABN 56 003 963 773 AFSL No. 237497 (User ID 145096) on behalf of Zurich to deduct my nominated account with the amounts referred to in paragraph 1 until Zurich commences those deductions on its own behalf. References to 'Zurich' in the following conditions include Macquarie Life while it collects premiums on behalf of Zurich.
4. The financial institution may, in its absolute discretion, at any time by notice in writing to me terminate this request as to future debits.
5. Zurich may, by notifying me within 14 days, vary the timing of future debits.
6. Where the due date does not fall on a business day and I am uncertain whether sufficient cleared funds will be available to meet the direct debit, I will contact my financial institution directly and ensure that sufficient cleared funds are available.
7. I can modify or defer this regular Direct Debit Request at any time by giving Zurich 14 days' notice.
8. I can stop or cancel the regular Direct Debit Request at any time by giving Zurich or my financial institution 14 days' notice.
9. If at any time I feel that a direct debit against my nominated account is inappropriate or wrong it is my responsibility to notify Zurich or my financial institution as soon as possible.
10. If I believe there has been an error in debiting my account, I will notify Zurich or my financial institution and confirm that notice in writing with Zurich as soon as possible.
11. Direct debiting through BECS is not available on all accounts. I can check my account details against a regular statement or check with my financial institution as to whether I can request a direct debit from my account.
12. It is my responsibility to ensure that there are sufficient cleared funds in my nominated account to honour the Direct Debit Request. I understand that the Direct Debit Request will be automatically cancelled if two debit payments are dishonoured because of insufficient funds. Zurich will give me 14 days notice in writing if it intends to cancel my Direct Debit Request. Zurich will also charge the cost of dishonoured direct debits against my account.
13. It is my responsibility to ensure that the authorisation given to debit the nominated account is identical to the account signing instruction held by the financial institution where the account is held.
14. Zurich may need to pass on details of my direct debit request to its sponsor bank in BECS to assist with the checking of any incorrect or wrongful debits to my nominated account.

Please return all relevant forms by mail to **Zurich Customer Care, Locked Bag 994, North Sydney, NSW, 2059**, by email life.insurance@zurich.com.au or by fax **1800 812 175**