

Zurich Insurance Application form (application only, excluding Life Insured's Statement)

Before completing or signing this Application form, you should read the Product Disclosure Statement (PDS) relevant to your policy.

In instances where one or more new policies are created, this is the Zurich Wealth Protection PDS dated 27 September 2021 and the Zurich Active PDS dated 27 September 2021.

If you are requesting an alteration or increase to an existing policy, you should refer to the PDS and policy document issued at the time you applied for your policy (and any policy updates for your product) for the applicable terms.

The relevant PDS must be provided to you with this Application form. It will help you to understand the policies and decide if they are appropriate to your needs.

All parties to any policy issued must be Australian residents, including policy owners, lives insured and payors.

Please use black pen, BLOCK LETTERS and ticks (\checkmark) where applicable. DO NOT USE HIGHLIGHTERS.

1. Type of application

Use this Application form to:

- apply for the policies offered in the Zurich Wealth Protection or Zurich Active PDS or
- increase or change an existing policy.

2. Details

Complete the table below with details of the policies that you are applying for.

Usually the life insured is also the policy owner, but the life insured and the policy owner can be different. You can nominate a person, company, trustee or business partner to own the policy/policies. All policy owners must sign the declaration on page 7.

Policy owner details are not required if you are applying for a policy through the Zurich Insurance-only Superannuation Plan, a division of the Smart Future Trust.

For payment via platform, some details will be obtained from your Zurich premium quote:

- payor details are not required as premiums will be automatically deducted from the platform account
- policy owner details are not required where the policy is to be owned by a superannuation trustee

Policy	Policy type	Policy owner name/s	Life insured name	Payor name	Policy commencement/administration instructions
1 (sample)	Protection Plus	Mr A Sample	Mr A Sample	A B Sample Pty Ltd	change/replace existing policy no. 12345678
1					
2					
3					
4					

Policies being replaced will be cancelled upon acceptance of the Application.

Additional information

3. Life insured

Provide details for the life insured

Title	Surname	First name	Middle name	
Male	Female	Date of birth / /		
Address			State	Postcode
Work phone	number ()	Home phone number ()		
Mobile numb	er	Email		

4. Policy owners

Provide details for all policy owners

If you are applying for more than one policy, ensure you also complete section 2 on the previous page.

If the life insured and the policy owner are the same person, you do not have to provide the details again.

Do not complete this section for policies to be owned by the trustee of the Zurich Insurance-only Superannuation Plan, a division of the Smart Future Trust.

Policy owner 1

Nominate a person

Title Surname	First name	Middle nan	ne
Date of birth / /			
OR nominate the trustee of a superannuation fund			
Trustee/s name/s (and ABN if trustee is company)			
Fund name and ABN			
Preferred short name (maximum 45 characters)			
OR nominate a company/trustee/business partner			
company name and ABN/trustee/s/business partners			
Provide contact details for the nominated policy owner			
Mailing address		State	Postcode
Country of residency			
Work phone number ()	Home phone number ()		
Mobile number	Email		
Relationship to the insured	your % interest in business (if any)	%)

If there is only one policy owner \rightarrow continue to section 5

Continue filling out this form on the following page $oldsymbol{\lambda}$

Policy owner 2

Generally, where there is more than one policy owner, the party nominated as policy owner 1 will receive the correspondence relating to the policy.

Nominate a person

Title	Surname	First name	Middle name
Date of birth /	/		
OR nominate a comp	any/trustee/business partner		
company name and A	BN/trustee/s/business partners		

Provide contact details for the nominated policy owner

Mailing address	State	Postcode
Country of residency		
Work phone number ()	Home phone number ()	
Mobile number	Email	
Relationship to the insured	your % interest in business (if any)	%

5. Beneficiary nomination (non-superannuation death benefits only)

A beneficiary nomination is optional. If you are the sole policy owner and life insured, you can nominate one or more beneficiaries to receive your benefits when you die. Beneficiary nominations are only applicable for death benefits under Zurich Protection Plus or Zurich Active.

For important information about nominating beneficiaries, refer to the relevant PDS.

Nominate your preferred beneficiaries below. Use their full name. The share of benefit sections must total 100%. If you wish for your estate to receive a proportion of your benefits, write 'my legal personal representative'.

Beneficiary 1

	Surname		First Name		
				State	Postcode
/	/	Relationship		Share of benefit	%
	Surname		First Name		
				State	Postcode
/	/	Relationship		Share of benefit	%
	Surname		First Name		
				State	Postcode
/	/	Relationship		Share of benefit	%
	Surname		First Name		
				State	Postcode
/	/	Relationship		Share of benefit	%
	1	/ / Surname / / Surname / / Surname	/ / Relationship Surname	/ / Relationship Surname First Name / / Relationship Surname First Name / / Relationship / / Relationship Surname First Name / / Relationship / / Relationship / / Relationship	/ / Relationship State / / Relationship First Name / Surname First Name State / / Relationship Share of benefit / / Relationship Share of benefit / / Relationship Share of benefit / / Relationship State / / Relationship State

If you need more space to nominate beneficiaries, attach a separate page, signed and dated by you.

Continue filling out this form on the following page old s

6. Application submission

We may ask you to complete a Zurich premium quote with your adviser. If so, please attach the Application submission report to this application.

If you do not have an adviser, please contact us on 131 551 to arrange a premium quote.

Additional requirements may apply if your application increases the amount or type of risk you currently hold with Zurich. If you are unsure of these requirements please contact us on 131 551.

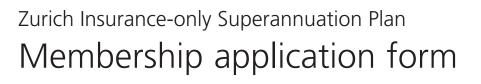
If the Application being submitted requires a Life Insured's Statement please complete the Preferences for tele-interview section below. A specially trained telephone interviewer will complete the Life insured's Statement with the life insured at a convenient time over the phone. A brief booking phone call will be made to confirm availability of the preferred time selected prior to the actual tele-interview.

Please note: Advisers submitting an application which requires a Life Insured's Statement be completed will need to submit the application online via Zurich Life Quotes. If advisers have any questions about this process, please consult the Zurich Adviser Guide or you can contact us on 131 551.

Preferences for tele-interview

Select all that apply

Monday	Tuesday	Wednesday	Thursday	Friday	Any weekday	
Select all that apply (AEST)					
Morning	Afternoon	After 5pm				



You must become a member of the Zurich Insurance-only Superanuation Plan, a division of the Smart Future Trust, ('Zurich Plan') to apply for a Zurich policy owned by the trustee of the Zurich Plan. You must also complete the tax file number notification section on this page.



ZURICH

If you are not applying for a Zurich policy owned by the trustee of the Zurich Plan, do not complete this section and instead go to page 7.

1. Member declaration

Read the following information and sign below to confirm your agreement.

I apply to join the Zurich Insurance-only Superannuation Plan, a division of the Smart Future Trust. I understand that, in accordance with the conditions of the Trust Deed and Rules of the Smart Future Trust (the Fund) and relevant superannuation legislation:

- the trustee owns any policy taken out on my life
- I cannot use the Fund as collateral security, that is, for borrowing purposes
- benefits provided through the Fund are fully preserved until I have retired and attained my preservation age, or in circumstances allowed by superannuation legislation or the Australian Prudential Regulation Authority, as detailed in the Zurich Insurance-only Superannuation Plan Product Disclosure Statement (PDS)
- I have read and understood the Privacy Statement under the Privacy section of the Zurich Insurance-only Superannuation Plan PDS and the further information available at www.eqt.com.au/global/privacystatement and consent to the collection and use of personal information and sensitive personal information about me in the manner described (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application)
- I can only make contributions to the Fund in accordance with the relevant legislation, as detailed in the Zurich Insurance-only Superannuation Plan PDS
- I apply to the trustee of the Fund, for membership of the Fund as set out in this Application form. Upon my Application being accepted I agree to comply with the rules governing the Fund, and
- the trustee may bill me directly for any liability arising under any government charges or imposts relating to my Fund membership or may deduct any such liability from an insured benefit that is or becomes payable to me.

I also certify that:

- I am eligible for membership of the Fund in accordance with the relevant legislation
- my decision to apply for membership of the Fund is based on the information in the current Zurich Insurance-only Superannuation Plan PDS and the current Zurich Wealth Protection PDS or Zurich Active PDS, as relevant to my application for membership, which has been provided to me
- I will notify the trustee in writing if I cease to be eligible for membership of the Fund
- I understand that my participation in the Fund will only commence after I have been advised in writing by the trustee that my Application has been accepted.

Applicant's signature X

/ /

Date

2. Tax file number notification

You must complete the Tax File Number (TFN) details below to become a member of the Zurich Plan. Failure to do so will mean that the trustee will be unable to accept your Membership application.

Read the important information regarding TFNs in the Zurich Insurance-only Superannuation Plan PDS before providing us with your TFN.

2.01 Fund details

Fund name Smart Future Trust Fund address Hub Customs House, Level 3, 31 Alfred Street, Sydney NSW 2000

Fund phone number 1800 959 989

2.02.	Your	details

Title	Surname			First name	Middle r	name	
Male	Female	Date of birth	/	/	Membership number (if know	'n)	
Residential address					State		Postcode
Your tax file numbe	er 🗌						
Applicant's signatu	re 🗶				Date	/	/

continue filling out this form on the following page old Y

3. Contribution type

Make a selection below to advise the source of payments. You must advise us of any change to your contribution type as it may affect how your contributions are reported to the ATO.

Even if you intend to pay by rollover, make a selection below to advise the source of any other contributions made.

	Personal
	Self-employed
	Spouse
	Compulsory Employer (Superannuation Guarantee)
	Employer Additional
	Employer Award
	Salary Sacrifice
	Other (specify)
Emp	oloyer's full name

If your employer is making contributions on your behalf, only certain payment options will meet the ATO's data and payment standards for superannuation contributions (these are referred to as SuperStream compliant payment methods). Your employer should contact the ATO for more information. If you are paying by rollover, also complete section 4.

Rollover authority 4.

Complete this section if you wish to rollover amounts from another superannuation fund ('transferring fund') to pay the premiums on your policy owned by the trustee of the Zurich Plan. The Zurich Plan is not able to accept rollovers from an untaxed fund.

4.01. Transferring fund

Fund name			
Unique Superannuation Identifier (USI)		ABN	
Address of fund		State	Postcode
Telephone number()			
Account/Membership/Policy name	Account/Member	rship/Policy number	
4.02 Rollover instructions			
One-off (single) rollover			

One-ott (single) rollove

Ongoing automatic yearly rollover

4.03. Rollover declaration

- I confirm that I have read and agree to the rollover terms and conditions set out in the section 'Paying premiums by rollover from another superannuation fund' of the Zurich Insurance-only Superannuation Plan PDS.
- I request and consent to the trustee of the transferring fund to transfer any benefits from the transferring fund to the Zurich Plan as required to fund the premium amount payable under the policy, as guoted by Zurich.
- I am aware that I may ask the trustee of the transferring fund for any information I require in relation to the effect of the rollover/s on my entitlements in the transferring fund (including information on fees or insurance benefits) and, before any rollover, I have either asked them or I do not require such information.

	Date		
×		/	/

Declaration

Declaration/s of the policy owner/s and life insured

I/we declare that I/we:

- am an/are Australian resident/s living in Australia;
- have read the relevant Product Disclosure Statement (PDS) which was provided to me/us with this Application form, and apply to Zurich Australia Limited (Zurich) and/or the trustee of the Zurich Insurance-only Superannuation Plan, a division of the Smart Future Trust for the insurance set out in this Application;
- confirm that the answers to the questions set out in the Application and any annexures attached to the Application (including the Zurich premium quote and Life Insured's Statement) are true and complete;
- understand that the policy/policies applied for will become effective when this Application is approved by Zurich;
- will inform Zurich of any relevant changes which occur before my/our policy is received;
- have read and understood my/our duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely;
- where this application for insurance is to replace an existing Zurich policy, I/we confirm that, at the time of applying for cover under the existing policy any duty of disclosure (if applicable) owed by me/us to Zurich before entering into a contract of insurance was complied with and I/we took the required care to ensure all matters were completely and accurately represented. I/ we also understand that this confirmation is a relevant matter for Zurich in assessing this new Application (if I/we are unsure, I/we have obtained a copy of the original Application form and have checked and confirmed the details or have signed a statement providing further disclosures or corrections attached to this form).
- agree that any policies issued are conditional on the life insured meeting the duty to take reasonable care not to make a misrepresentation to the insurer before entering into a contract of insurance and that the policy/policies and/or benefits may be cancelled, altered or not paid if a misrepresentation is made in breach of this duty;
- have read and understood the Privacy Statement under the Privacy section of the relevant PDS and consent to the collection and use of personal information and sensitive personal information about me/us in the manner described (including discussing any information obtained from me/us and any doctors or accountants with the financial adviser associated with this Application);
- have obtained consents from any identified person l/we have provided (sensitive) personal information about and informed them of the Privacy Statement;
- consent to (and request where required) Zurich contacting me/us in relation to this application, to administer any policy that is issued, and for any other purpose consistent with the Privacy Statement;
- agree that if I/we make any overpayment of premium that Zurich may retain the overpayment unless it exceeds \$5.00;

ZURICH

- agree that if this Application for insurance is intended to replace any existing policy or policies as referred to in this Application, when Zurich notifies me/us that my/our Application for insurance has been accepted, I/we must cancel such policy or policies. If I/we do not cancel any existing policy or policies as referred to in this Application when notified by Zurich that my/our Application for insurance has been accepted, the insurance applied for and accepted by Zurich will be ineffective and any claim made by me/us, or any other applicable person to Zurich, will be rejected;
- (this election applies to all Zurich insurance cover I have applied for, that is owned by the trustee of a superannuation fund ('Fund') with me as the Life Insured, to provide benefits from the Fund for or in respect of myself) I continuously elect throughout the period of my Fund membership for the Fund trustee to take out or maintain insurance to provide the benefits, even if:
 - my Fund account is inactive (no amounts received) for any period, including a continuous period of 16 months or longer
 - my Fund account balance is less than \$6,000 or
 - I am under the age of 25 years or other prescribed age (where applicable).

I acknowledge that, by submitting this application on the submission date indicated, I have elected for the benefits to continue in accordance with superannuation law regardless of the factors above (subject to meeting the policy terms including premium requirements), and that I can cease the insurance by submitting a request to Zurich.

Life insured – signature	Date		
X	/	/	
Policy owner 1 – signature	Date		
X	/	/	
Policy owner 2 – signature	Date		
×	/	/	

If you have signed on behalf of a policy owner who is a company or trust, also print your name/s and position/s below

Policy owner 1 – name

Position

Policy owner 2 – name

Position

continue filling out this form on the following page old Y

×	Date	/	/
Relationship to the life insured			

Important notes

If the policy owner/s:

- is/are the individual trustee/s of a superannuation fund: this form is to be signed by all trustees or person/s authorised to sign and enter into the contract of insurance on behalf of the trustee/s in accordance with the fund's Trust Deed and rules.
- is a company: this form is to be signed by two directors, a director and company secretary, or the sole director/company secretary.

Make a copy of the previous page if more signatures are required.



Health Information Consent

You do not need to complete this Health Information Consent if you are not providing us with any health information as part of your application, for example if you are changing ownership by replacing one policy with another for the same type and amount of cover.

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, Zurich Australia Limited, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.



Health Information Consent

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to Zurich Australia Limited ('Zurich'), or to third parties they engage.

I agree to all the following:

- My health information can be released in the form Zurich asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- Zurich can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while Zurich is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name of life insured

Signature of life insured



Date / /

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to Zurich, or to third parties they engage, only if Zurich Australia Limited ('Zurich') has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- Zurich can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while Zurich is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name of life insured

Signature of life insured

1

X

Date /



Payment authority 1

	nore than one policy is being applied for and different payors apply, complete ayment authority (page 13). Copy and complete this page if you require more.
Ens	ure you have also completed section 2 on this page where different payors apply.
1.	Are you paying by rollover (only available for policies owned by the trustee of the Zurich Insurance-only Superannuation Plan, a division of the Smart Future Trust)?
	No → go to 2
	Yes → complete the Zurich Insurance-only Superannuation Plan Membership application on pages 5 and 6. Do not complete this Payment authority.
2. The	Who is paying for the insurance? person paying for the insurance will be nominated as the policy 'payor'. We will send billing details to the person you nominate. Policy owner $1 \rightarrow go$ to 3
	Life insured 1 → go to 3
	Someone else (such as another individual, a company, trustee or business partner) \rightarrow provide details below
Title	Surname/Company/Trustee of superannuation fund
First	t name Middle name
Mai	ling address State Postcode
Cor	ntact phone number ()
3.	Payment information
3.0	1. Direct debit account details
Bar	ık, credit union or building society
Acc	ount name
BSB	number Account number
OR	
Cre	dit card Visa MasterCard Cardholder's name Expiry date /
Car	d number CVC number CVC number

3.02. How would you like to make your first payment?

You only need to nominate details for your first payment if it will be different to your ongoing method of payment. For example, if you want to make a one-off credit card payment before your regular direct debit payments begin.

Use details provided in 3.01 \rightarrow go to 3.03
OR
Direct debit using different account/credit card \rightarrow provide details.
Account name
BSB number Account number
Visa MasterCard Cardholder's name Expiry date /
Card number CVC number CVC number
3.03. Direct debit declaration
• I/We acknowledge that this direct debit request is governed by the terms of the Direct Debit Request Service Agreement on page 15

- I/We have read the Direct Debit Request Service Agreement and agree with its terms and conditions.
- I/We request and authorise Zurich Australia Limited ABN 92 000 010 195 (User ID 117) to arrange for funds to be debited from my/our
 account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) including for any amount requested
 by the trustee of a superannuation fund to pay any premium or other payment due to Zurich in respect of insurance cover held by the
 superannuation fund trustee on mylife.

Name – Account holder 1/Primary cardholder

- Signature – Account holder 1/Primary cardholder	Date
×	/ /
Name – Account holder 2 (if applicable)	
Signature – Account holder 2 (if applicable)	Date
X	/ /



Payment authority 2

Only complete a second (or subsequent) Payment authority if more than one policy is being applied for and different payors apply.	
1. Are you paying by rollover (only available for policies owned by the trustee of the Zurich Insu a division of the Smart Future Trust)?	rance-only Superannuation Plan,
No \rightarrow go to 2	
Yes → complete the Zurich Insurance-only Superannuation Plan Membership application on pages 5 an authority.	d 6. Do not complete this Payment
2. Who is paying for the insurance?	
The person paying for the insurance will be nominated as the policy 'payor'. We will send billing details to	the person you nominate
Policy owner 1 \rightarrow go to 3	
Life insured $1 \rightarrow \text{go to } 3$	
Someone else (such as another individual, a company, trustee or business partner) → provide details bel	OW
Title Surname/Company/Trustee of superannuation fund	
First name Middle name	
Mailing address Sta	te Postcode
Contact phone number ()	
3. Payment information	
3.01. Direct debit account details	
Bank, credit union or building society	
Account name	
BSB number Account number	
OR	
Credit card	
Visa MasterCard Cardholder's name	Expiry date /
Card number	CVC number

Continue filling out this form on the following page $oldsymbol{\lambda}$

3.02. How would you like to make your first payment?

You only need to nominate details for your first payment if it will be different to your ongoing method of payment. For example, if you want to make a one-off credit card payment before your regular direct debit payments begin.

Use details provided in 3.01 \rightarrow go to 3.03			
OR			
Direct debit using different account/credit card \rightarrow provide details.			
Account name			
BSB number Account number			
Visa MasterCard Cardholder's name Expiry date /			
Card number CVC number CVC number			
3.03. Direct debit declaration			
• I/We acknowledge that this direct debit request is governed by the terms of the Direct Debit Request Service Agreement on page 15			
• I/We have read the Direct Debit Request Service Agreement and agree with its terms and conditions.			
• JAN/a request and authorise Zurich Australia Limited ARN 92 000 010 195 (Liser ID – 117) to arrange for funds to be debited from my/our			

I/We request and authorise Zurich Australia Limited ABN 92 000 010 195 (User ID – 117) to arrange for funds to be debited from my/our
account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) including for any amount requested
by the trustee of a superannuation fund to pay any premium or other payment due to Zurich in respect of insurance cover held by the
superannuation fund trustee on mylife.

Name – Account holder 1/Primary cardholder

Signature – Account holder 1/Primary cardholder	Date
×	/ /
Name – Account holder 2 (if applicable)	
Signature – Account holder 2 (if applicable)	Date
×	/ /

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This agreement sets out the terms and conditions on which the Account Holder has authorised Zurich to debit money from their account and the obligations of Zurich and the Account Holder under this Agreement.

The Account Holder understands and agrees that:

- Direct debiting may not be available on all accounts. The Account Holder is responsible for ensuring the specified account can accept direct debits and there are sufficient cleared funds available in the nominated account to permit payments under the Direct Debit Request on the due date for payments.
- Zurich accepts no responsibility for issues arising where incorrect details have been provided. The Account Holder should check the account details provided to Zurich are correct. If uncertain, check with your financial institution before completing the Direct Debit Request.
- Zurich will debit the account for the sum of the amounts due at the debit date for all specified policies.
- Changes to bank account details must be provided in writing, or by telephoning Zurich (or by such other means as we approve).
- Zurich will give the Account Holder at least 14 days notice in writing if there are any changes to the terms of this Service Agreement.

Zurich agrees that:

- When the due date for payment is not a business day, the debit will be processed on the next business day.
- The Account holder can cancel, change*, defer or suspend the Direct Debit Request on a policy by providing notice to Zurich in writing or by telephone (or by such other means as we approve), or directly with the Account Holder's financial institution (which is required to act promptly on the instructions). Notification must be received by Zurich at least 14 days before the next drawing date in order to process your instructions.

*The Account Holder's financial institution can "change" the Direct Debit Request only to the extent of advising Zurich of new account details.

- Upon request, Zurich will forward a copy of the current terms and conditions for direct debits, to the Account Holder by post, facsimile or other agreed method.
- Zurich will provide details of this Direct Debit, on request.

Disputes

The Account Holder should give notice of any disputed debit to Zurich. Zurich will respond within 7 working days of receiving your letter. Alternatively, the Account Holder can take it up directly with the Account Holder's financial institution.

Dishonoured debits

If a debit is unsuccessful, Zurich will cancel the payment in respect of the dishonoured debit. In some instances, such as where your account has insufficient funds, Zurich may notify you and attempt a second deduction from your account within 14 days. You should ensure that your account has sufficient funds before any second deduction. If we receive new information from you after a dishonour, Zurich will process a one-off debit to pay the policy up to date. If two consecutive dishonours occur, Zurich may cancel the authority. Zurich may charge a dishonour fee to the relevant policy. Currently the fee is nil. The financial institution may also charge fees relating to the dishonour to the account, which is the Account Holder's responsibility.

Confidential information

Zurich may disclose information about your account to its banker (in connection with a claim made against it relating to an alleged incorrect or wrongful debit made from the account), your financial institution, your adviser, other companies within the Zurich Financial Services Australia Group of companies, service providers engaged by Zurich (including banking gateway providers and credit card transaction processors), and if applicable to Equity Trustee Superannuation Limited and smartMonday Solutions Limited, on whose behalf Zurich collects contributions for the Zurich Insurance-only Superannuation Plan, a division of the Smart Future Trust.

Zurich will not disclose information about you or the account to any other person, except where you have given consent or where the disclosure is required by law.

Notices to Zurich

The Account Holder may give notice to Zurich in writing at the address shown or by contacting Zurich on 131 551. Alternatively, you may write to us at Locked Bag 994, North Sydney NSW 2059.

Zurich Australia Limited ABN 92 000 010 195, AFSL 232510

Zurich Customer Care: 131 551 Email: client.service@zurich.com.au Website: zurich.com.au

ZU24092 - V5 09/23 - DARN-018730-2022

