

Direct Debit or Credit Card Request

March 2021

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

Customer Services
Phone 133 667

Please note you can change the details of your direct debit or credit card over the phone on 133 667.

Policy number
 Name of policy owner or company name (you)
 Address of policy owner
 Suburb/Town State Postcode
 Phone Home Work
 Mobile Email
 ACN/ARBN number /
 Payment details
 Preferred billing date

Note: Preferred billing date is an optional field. Only complete this if a preferred billing day is required.

Instructions

Complete Section 1 to provide your Direct Debit Authority, or complete Section 2 to provide your Credit Card Authority. (Complete one Section only). Section 3 is optional to change your payment frequency.

If the account holder or card holder is different to the policy owner(s), please complete Section 4.

Note: There may be tax implications due to the premiums being paid from a personal account. Speak to your financial or tax adviser on how this may affect you.

Section 1: Direct Debit Authority

Direct debit is not available from all account types. If in doubt, please check with your financial institution.

By signing this Direct Debit Authority I/we acknowledge having read and understood the Direct Debit Request Service Agreement and the Privacy Policy on page 2 of this form, and are bound by the terms and conditions contained in this authorisation.

I/We request and authorise OnePath Life Limited (OnePath Life) ABN 33 009 657 176 (user number 219313) to arrange for any amount OnePath Life may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name of financial institution

Details of account to be debited

Name of account

BSB number - Account number

Signature (if direct debit is from a joint account, provide all signatures)

Signature of account holder

Date (dd/mm/yyyy)

Signature of account holder

Date (dd/mm/yyyy)

Section 2: Credit Card Authority

I/We understand my/our financial institution may charge a processing fee to my/our credit card for each payment that is made under this authorisation. I/we acknowledge it is my/our responsibility to notify OnePath Life of any material change in credit card details, including a new expiry date. By signing this Credit Card Authority, I acknowledge having read and understood the Privacy Policy on page 2 of this form.

I authorise OnePath Life to charge my Visa Mastercard

Card holder's name

Card number Expiry date

Card holder's signature

Date (dd/mm/yyyy)

Section 3 (Optional): Change of Payment Frequency

Note: This Section is optional and will need to be completed only if Payment Frequency change is required.

monthly half yearly yearly

Please note: Paying monthly or half-yearly will incur a payment frequency loading to your premium. If selected, the following payment frequency loading will apply to your **OneCare** policy:

- monthly 6% loading (**5% for OnePath Life, life risk advised policies excluding OneCare**)
- half-yearly 3% loading
- yearly 0% loading

Section 4: Policy owner(s) consent required if different to the account holder or card holder.

I/We consent to the change of payment method and payment frequency.

Signature(s) of policy owner(s) Date (dd/mm/yyyy)

Signature(s) of policy owner(s) Date (dd/mm/yyyy)

Direct Debit Request Service Agreement

Our commitment to you

We will:

- arrange for funds to be debited from your account as authorised in the Direct Debit Request
- give you at least 14 days' notice in writing before changing the terms of the debiting arrangements, unless you request the change
- keep information about your Direct Debit Request private and confidential unless otherwise required by the Bulk Electronic Clearing System (BECS) rules. You acknowledge that we may be required to disclose details of your direct debit request to our sponsor bank to assist with the checking of any incorrect or wrongful debits to your nominated accounts.

If the date on which we usually debit your account falls on a weekend or public holiday, we will debit your account on the next working day.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits and that all account holders on the nominated account agree to the debiting arrangements
- ensure that the account details that you have provided are correct by checking them against a recent account statement
- advise us if the nominated account is transferred or closed, or the account details have changed

- ensure there are sufficient funds available in the nominated account to meet each direct debit
- check with the financial institution if you have any queries about how to complete the Direct Debit Request.

If there are insufficient funds in the nominated account, the financial institution may charge a fee and/or interest. We will not charge a fee. You may arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

Your rights

You may defer, alter or cancel the debiting arrangements you hold with us by providing notice to us or through your nominated financial institution. We must receive notice at least 14 days before the next debit is due.

If you consider that your account has been debited incorrectly, you should contact us directly. We will investigate your query.

If we find that your account has been incorrectly debited we will arrange for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we find that your account has not been incorrectly debited, we will provide you with reasons and any evidence for this finding in writing.

If we cannot resolve the matter, you can refer it to your financial institution, which may lodge a claim on your behalf.

Privacy Policy

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and OnePath Life's Privacy Policy, which is available at onepath.com.au/insurance/privacy-policy or by calling Customer Services on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give OnePath Life personal information about someone else, I understand that OnePath Life requires me to show them a copy of the Product Disclosure Statement and OnePath Life's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath Life and their related entities.