

ClearView LifeSolutions

Payment authority form

Please choose the following option to which this payment au	thority applies:
Please debit the nominated account for single payment only for the amount of \$	
Please debit the nominated account for both payment of	arrears and future premiums
Please debit the nominated account for future premiums	only
Direct debit request by credit card	
bliect debit request by credit card	
This direct debit applies to policy number(s)	
For policies held within ClearView LifeSolutions Super	
If you are paying your premiums with a contribution, rather the fund, please specify what type of contributions will be made.	
Personal non-concessional contribution (not claiming a ta	ıx deduction)
Personal concessional contribution (claiming a tax deduct	cion)
Spouse contribution	
Employer contribution (including salary sacrifice)	
Employer company name	Employer company address
Employer ABN	Employer telephone number
I authorise the debit of my	
Visa MasterCard	
Premium frequency	Preferred billing date (for monthly frequency)
Monthly Yearly	Preferred billing date (for monthly frequency)
Monthly Lifearty	
Name on card	
Card number	Expiry date
Signature of card holder	Date
X	



All contributions that are not employer or spouse will be treated as personal non-concessional contributions, unless you tell us otherwise. Please note, in order to claim a tax deduction for your personal contributions you will need to complete a valid deduction notice in an approved ATO format. We will provide you with this notice each year which must be completed and returned to us within the nominated period of time.



This direct debit applies to policy number(s)	
For policies held within ClearView LifeSolut	ions Super
· ·	ution, rather than a rollover from another complying superannuation
Personal non-concessional contribution (not	t claiming a tax deduction)
Personal concessional contribution (claiming	g a tax deduction)
Spouse contribution	
Employer contribution (including salary sacr	ifice)
Employer company name	Employer company address
Employer ABN	Employer telephone number
I request and authorise ClearView (User identifi	cation number 022829), to debit my account at the financial institution
nominated below. I confirm that I have read th these payments.	e 'Direct Debit Service Agreement' and that I have the authority to make
these payments.	e 'Direct Debit Service Agreement' and that I have the authority to make
these payments. Account name	e 'Direct Debit Service Agreement' and that I have the authority to make
these payments. Account name	e 'Direct Debit Service Agreement' and that I have the authority to make Name of bank
these payments. Account name BSB number	e 'Direct Debit Service Agreement' and that I have the authority to make Name of bank Account number
these payments. Account name BSB number Premium frequency	e 'Direct Debit Service Agreement' and that I have the authority to make Name of bank
these payments. Account name BSB number Premium frequency Monthly Yearly	e 'Direct Debit Service Agreement' and that I have the authority to make Name of bank Account number Preferred billing date (for monthly frequency)
these payments. Account name BSB number Premium frequency	e 'Direct Debit Service Agreement' and that I have the authority to make Name of bank Account number

Sending your form:

MailEmailFaxEnquiriesClearViewclearviewlife.maintenance@clearview.com.au(02) 9233 1960132 979GPO Box 4232132 979

ClearView LifeSolutions is issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFSL No. 227682 (ClearView). ClearView LifeSolutions Super and ClearView LifeSolutions Super Rollover are issued by ClearView Life Nominees Pty Limited ABN 37 003 682 175 AFSL No. 227683 RSE Licence No. L0000802 (Trustee), as trustee of the ClearView Retirement Plan Trust ABN 45 828 721 007 RSE Registration No. R1001624 (CRP).

Sydney NSW 2001



Direct Debit Service Agreement

By signing a direct debit request, you have authorised us (being ClearView or the Trustee) to arrange for funds to be debited from your account. You should refer to the direct debit request and this Direct Debit Agreement set out below for the terms of the arrangement between us and you.

Our commitment to you

We will:

- only arrange for funds to be debited from your nominated account for payment of the applicable premium as authorised in the direct debit request or if we have sent to the address nominated by you in the direct debit request, a billing advice which specifies that amount payable by you to us and when it is due
- deduct premiums from your nominated account on or around the premium due dates unless these dates are on a weekend or a public holiday. In these cases, we will normally make the deductions on the previous or the next business day. If you are uncertain about when the deduction will be made from your account, you should contact your financial institution directly.
- give you at least 14 days notice in writing before changing the terms of this agreement or the amount of the deduction, and
- promptly respond to any concerns you may have about amounts deducted from your nominated account.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits (direct debiting may not be available on all accounts).
 If you are uncertain, please check with your financial institution before you complete the direct debit request.
- ensure that all account holders on the nominated account agree to the debiting arrangements
- ensure the account details you have provided to us are correct by checking them against a recent statement.
 If you are uncertain, please check with your financial institution before completing the direct debit request
- ensure there are sufficient cleared funds available in the nominated account so that premium deductions can be made when due
- advise us if the nominated account is transferred, closed or if the details change in any way, and
- check your statement to verify that the amounts debited from your nominated account are correct.

Your financial institution and we may charge you a fee if the nominated account details are incorrect or there are insufficient cleared funds available in the nominated account when we

attempt to deduct your premiums. If direct debiting fails, you must arrange for the premium to be paid by another method to ensure your policy continues.

If ClearView Life Assurance Limited is liable to pay goods and services tax ('GST') on a supply made in connection with this agreement, then you agree to pay ClearView Life Assurance Limited on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Your rights

You may ask us to alter or defer our authority to make deductions from your account, stop a single deduction or cancel this agreement by writing to us at least 14 business days before the next deduction is due to be made.

You can also ask your financial institution to stop an individual drawing or cancel this agreement.

Dispute

If you believe that there has been an error in debiting your nominated account, please call us immediately on **132 979**. We may ask you to confirm details of the deduction in writing.

If we conclude as a result of our investigation that your nominated account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your nominated account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your nominated account has been adjusted.

If we conclude as a result of our investigations that your nominated account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding. Any queries you may have about an error made in debiting your nominated account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still contact your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Privacy

We will not disclose any details of your direct debit request unless:

- the disclosure to a financial institution is necessary to enable us to act in accordance with your debit arrangements or to investigate a disputed transaction
- we are required or permitted to make the disclosure by law or you consent to the disclosure, or
- our financial institution requires the disclosure in connection with a claim on it relating to a claimed incorrect or wrongful debit.