

# Direct Debit Request



Asteron Life Limited ABN 64 001 698 228 AFS Licence No 237903  
Suncorp Portfolio Services Limited ABN 61 063 427 958  
AFS Licence No 237905 RSE No L0002059  
Suncorp Master Trust ABN 98 350 952 022  
RSE Fund Registration No R1056655

Issued 30 June 2008

## Policy Owner details

Please use block letters

Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Phone no.	Home ( <input type="text"/> )	Work ( <input type="text"/> )	Mobile <input type="text"/>

## Payment details

<b>Policy numbers</b>	<b>Current premium amount</b> <small>(please refer to section 4d of the Service Agreement overleaf)</small>	<b>I authorise Asteron to debit for any arrears</b> <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<b>I would like to change the frequency of payment</b> <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<b>Please select new frequency:</b>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yearly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
<input type="text"/>	<input type="text"/>	

## Part A Direct Debit (bank, building society, credit union)

**Details of account to be debited:**  
This form is to authorise Asteron Life Limited (user ID 367 806) to debit premiums from your account with another financial institution.

Name of account holder	<input type="text"/>		
Name of financial institution	<input type="text"/>		
BSB number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement attached and the terms and conditions of my/our Asteron policy.

Account holder's signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account holder's signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Part B Credit card (Only Mastercard and VISA available)

I authorise Asteron Life Limited to charge my: (tick one)  Visa  Mastercard

Card holder's name

Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date	<input type="text"/> / <input type="text"/>	Card holder's signature	<input type="text"/>
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Date  /  /

If you have any questions regarding this form, please call Asteron Life Customer Service on 1800 221 727.  
The completed form may be faxed to 1300 766 833 or emailed to [life\\_customerservice@asteron.com.au](mailto:life_customerservice@asteron.com.au)

This Direct Debit Request (DDR) Service Agreement is only applicable if you choose to authorise Asteron Life Limited ('Asteron') to debit premiums in relation to your policy from your nominated financial institution account. This agreement must be read when completing the DDR Form on the previous page.

This DDR Service Agreement is issued by Asteron Life Limited (ABN 64 001 698 228). You should direct all enquiries about your direct debit to Asteron Life Customer Service on 8275 3999 or if outside Sydney on 1800 221 727.

## 1. Our commitment to you

- a) Asteron will give you at least 14 days notice in writing before changing the terms of the debiting arrangements, unless you agree to an earlier change.
- b) Asteron will keep information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution.
- c) Where the debiting date is not a business day, Asteron will draw from your nominated financial institution account on the next business day.

## 2. Your commitment to us

It is your responsibility to:

- ensure your nominated financial institution account can accept direct debits.
- ensure there are sufficient funds available in the nominated financial institution account to meet each instalment.
- advise us if the nominated account is transferred or closed, or the account details change.
- ensure that all account holders on the nominated financial institution account agree to the debiting arrangement.

## 3. Your rights

- a) Subject to the terms and conditions of your Asteron policy, you may alter the debiting arrangements. Such advice should be received by us at least 7 business days before the debiting date for any of the following:
  - altering the DDR.
  - deferring a drawing.
  - suspending the DDR.
  - cancelling the debiting arrangement completely.

If you do any of these things, you must make alternative arrangements to pay outstanding amounts and, if applicable, future amounts.

Alternatively you may request a stop or cancellation by contacting your financial institution. If you take this course of action you may incur a fee from your financial institution.

- b) Where you consider that a debit has been initiated incorrectly, you should contact Asteron on 8275 3999 or if outside Sydney on 1800 221 727. In the unlikely event of a complaint not being resolved satisfactorily, you can address a formal complaint to the: 'Life Customer Service Manager, Asteron Life Limited, GPO Box 68, Sydney NSW 2001'.

## 4. Other information

- a) The details of your debiting arrangements are contained in the DDR.
- b) Asteron reserves the right to ask that instructions from a customer, to stop or in any way alter the debiting arrangement are in a written, verbal or electronic form.
- c) The terms and conditions of your Asteron policy govern your instalments. The policy allows us to cancel it after writing to you if debits are dishonoured by your financial institution and your premium is overdue by 30 days or more.
- d) Asteron may vary the amount subject to the terms and conditions of your policy to be deducted from the account or the frequency of future debits by giving at least 14 days notice to you, in writing. All future amounts payable by you under the policy will be debited to the bank account shown in the DDR unless you tell us you wish to cancel the arrangement.
- e) Financial institution fees (including dishonour charges) may also apply to this debiting arrangement.