# **DIRECT DEBIT REQUEST**

Policy owner details				
Policy number				
Policy owner name				
Policy owner name				
Postal address				
Suburb		State		Postcode
Home phone	Work phone		Mobile phone	,
( )	( )			
Please select frequency: Fortnightly  Monthly  Annually				
Please tick here if you are changing the frequency of your payments				
Part A – direct debit (bank, building society, credit union)				
Details of the account to be debited:				
This form is to authorise and request Asteron another financial institution.	Life & Superannuation	Limited (user ID 367806)	) to debit prem	iums from your account with
This debit or charge will be made through the linstitution you have nominated below and will			-	
Name of account holder				
Name of financial institution				
BSB number Account number				
Account holder's signature			Date	
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Account holder's signature				Date
				/ /

## **Direct Debit Request Service Agreement**

This Direct Debit Request (DDR) Service Agreement is issued by Asteron Life & Superannuation Limited ABN 87 073 979 530 (Asteron) user ID 367806. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your DDR and must be read in conjunction with the DDR Form on the previous page.

#### 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, in the event of a claim or relating to an alleged incorrect or wrongful debit, or where specifically required by the law.
- 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:

- check your account details against a recent bank statement.
- ensure your nominated financial institution account can accept direct debits through the Bulk Electronic Clearing System (BECS). Please be aware that not all accounts allow direct debits through BECS. If you are unsure please check with your financial institution before completing your direct debit request form.
- ensure there are sufficient funds available in the nominated financial institution account on the due date to cover the premiums.
- 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 policy, you may alter the debiting arrangements by contacting us on the details at the bottom of this form. Such advice should be received by us at least seven 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 Life Customer Service on 1800 604 946. In the unlikely event of a complaint not being resolved satisfactorily, you can address a formal complaint to: Life Customer Service, GPO Box 3950, Sydney NSW 2001. Alternatively you can contact your financial institution for assistance.

#### 4. Other information

- 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 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. If there are insufficient funds in your account, you may incur dishonour fees from your financial institution and your policy may be at risk of cancellation if your premium is not paid by the due date.

  Dishonour fees will not be charged by Asteron if direct debits are returned.
- f. If you are uncertain when the funds will be debited from your nominated account, you should enquire directly with your financial institution.
- g. If you wish to notify us in writing about anything relating to this agreement, you should write to: Life Customer Service, GPO Box 3950, Sydney NSW 2001.
- h. We will notify you by sending a notice to the preferred address or email you have given us in the Direct Debit Request. Any notice will be deemed to have been received on the second banking day after sending.

### 5. Definitions

**account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

**agreement** means this Direct Debit Request Service Agreement between you and us.

**debiting day** means the day that payment by you to us is due.

**direct debit request** (DDR) means the Direct Debit Request between us and you.

**us** or **we** means Asteron Life & Superannuation Limited you have authorised by requesting a Direct Debit Request.

 $\mathbf{you}$  means the customer who has signed or authorised by other means the Direct Debit Request.

**your financial institution** means the financial institution nominated by you on the DDR at which the account is maintained.

# **KNOW NOW**



#### Please return this form to Life Customer Service

- Fax: 1300 850 397
- Email: giolife@gio.com.au
- Post: GPO Box 3950 Sydney NSW 2001

If you have any queries please call us on 1800 604 946.