

Change of Details Form

November 2021

OnePath Life Limited

ABN 33 009 657 176 AFSL 238341

Retirement Portfolio Service

ABN 61 808 189 263 RSE R1000986

OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

Customer Services

Phone 133 667

Email client.onepath@zurich.com.au

Website onepathinsurance.com.au

This form is to be used to change certain details for the following products:

- WOP (World of Protection)

Instructions

- Complete this form with signatures from all relevant parties e.g. all policy owners and lives insured.
- Section A and Section C are mandatory. Please only complete Section B if you would like to change:

New contact details (e.g address, phone number etc) Complete section B1

Change of name Complete section B2

Change of nominated financial institution account Complete section B3

Decline indexation increase Complete section B4

- Please complete all relevant sections and send it to:

OnePath Life, Locked Bag 994, North Sydney NSW 2059; or

Email: client.onepath@zurich.com.au

Section A – Policy Owner details

Policy number(s)

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

or

Company/SMSF name

Section B – Change of details

1. New contact details (these cannot be the adviser's address)

Residential address (this cannot be a PO Box number)

Suburb/Town State Postcode

Country

Phone Home Business

Mobile

Email

Please note that contact details continue on the next page

2. Change of name

Please tick the relevant person who has changed their name

Policy Owner name Life Insured name

Old Name

Title Mr Mrs Ms Miss Dr Other
Surname
Given name(s)

New Name

Title Mr Mrs Ms Miss Dr Other
Surname
Given name(s)

This form can be used if the Policy Owner or the Life Insured has changed their name. This form cannot be used to change the Policy Owner or Life Insured to a different person.

Please attach a copy, certified by a Justice of the Peace, Solicitor or notary, of the documentation by which you registered your change of name, such as a marriage certificate, divorce certificate, Deed Poll or change of name certificate.

If you are changing your signature as a result of changing your name, please supply both your current and new signature below.

Current signature New signature

3. Change of nominated financial institution account

Payment details

The first debit may be made on (dd/mm/yyyy)

and at (please tick one) monthly half yearly yearly intervals after that.

To provide your Direct Debit Authority details go to Section 1, or to provide your Credit Card Authority details go to Section 2.
(Complete one Section only)

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Customer Services**Phone** 133 667**Email** client.onepath@zurich.com.au**Website** onepathinsurance.com.au**Section 1 – Direct Debit Authority**

Company name	<input type="text"/>		
(this cannot be a PO Box number)	<input type="text"/>		
Suburb/Town	State <input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
Phone	<input type="text"/>		
Email	<input type="text"/>		

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 on page 4 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 and address of financial institution where account is held

Name of financial institution	<input type="text"/>		
Address of financial institution	<input type="text"/>		
Suburb/Town	State <input type="text"/>	Postcode	<input type="text"/>

Details of account to be debited

Name of account holder	<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"/> <input type="text"/> <input type="text"/>

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

Signature 1	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
Signature 2	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>

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.

I authorise OnePath Life to charge my Visa Mastercard

Card holder's name	<input type="text"/>		
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"/>	Expiry date (mm/yyyy)	<input type="text"/>
Card holder's signature	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>

4. Decline indexation increase

Please decline indexation for my policy at:

Current policy anniversary or Remove permanently*

If you wish to only remove indexation for particular benefits on the policy or additional policies please specify below.

*Please note medical underwriting will be required to reinstate indexation once removed permanently

Section C – Declaration and signature

- I/We consent to the collection, use and disclosure of our personal information (including health and other sensitive information) as described in the Privacy Policies. OnePath Life's Privacy Policy is available at onpathinsurance.com.au/about-us/privacy-policy and OnePath Custodians' Privacy Policy is available at onpath.com.au/superandinvestments/privacy-policy
- I/We acknowledge that OnePath Life and OnePath Custodians need to collect our personal information (including health and other sensitive information) in order to process our application and provide us with the products or services we require. We further acknowledge that OnePath Life and OnePath Custodians will be unable to process our application or provide us with the products or services we require without this consent. We also agree that if we provide information (including health and other sensitive information) about another person in this application, we are required to inform the person concerned that we have done so, provide them with the information set out in this paragraph and direct them to the Privacy Policies.
- Where I/we have nominated to receive information from OnePath by email or SMS, I/we consent to the sending of policy information to my nominated email address and mobile number. I/We understand that any legal requirement for OnePath to provide written notice of certain information is satisfied by the sending of the information to either the nominated mailing address or email address. I/We understand that it is my/our responsibility to maintain ongoing access to both the email address and the mobile number, or to advise OnePath of new contact details when necessary, or OnePath will revert the correspondence preference to mail.
- I/We acknowledge that from 31 May 2019, OnePath Life will no longer be a related body corporate of OnePath Custodians.

Signature of policy owner (sign clearly within the box)	X	Date (dd/mm/yyyy) <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
Signature of policy owner two (if applicable)	X	Date (dd/mm/yyyy) <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
Signature of policy owner three (if applicable)	X	Date (dd/mm/yyyy) <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
Signature of policy owner four (if applicable)	X	Date (dd/mm/yyyy) <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>

Direct Debit Request Service Agreement

November 2021

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

Customer Services

Phone 133 667

Email client.onepath@zurich.com.au

Website onepathinsurance.com.au

Please keep this document in a safe place

Our commitment to you

We will:

- only 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, your account will be debited 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 at any time 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 a debit has been initiated incorrectly, you should contact us directly. We will then investigate your query.

If we find that your account has been incorrectly debited we will arrange for the 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 our reasons and any evidence for our finding in writing.

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

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