

## Payment authority form

Please use a separate form for each different payment type if multiple accounts or credit cards are to be debited.

### Policy information

Policy number(s)

Policy owner name

Contact number

Address

Please choose one of the following options to which this payment authority 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

### Payment authority

Please make a copy of this page if flexi linking cover and you require multiple accounts or credit cards to be debited. Where applicable, this payment authority must be signed by both account holders to be valid.

Direct debit request by credit card

This direct debit applies to

- non-superannuation policy and SMSF  
 superannuation policy (LifeSolutions Super only)

I authorise the debit of my

- Visa  MasterCard

Name on card

Card number

Expiry date

Premium frequency

- Monthly  Yearly

Signature of card holder 1

Date

Signature of card holder 2

Date

Direct debit request from a bank account

This direct debit applies to  non-superannuation policy and SMSF  superannuation policy\*

I request and authorise ClearView (User identification number 622710/622712), to debit my account at the financial institution nominated below. I confirm that I have read the 'Direct Debit Request Service Agreement' in the PDS and Policy Document and that I have the authority to make these payments.

Name of bank

Account name

BSB number

 - 

Account number

Premium frequency

Monthly  Yearly

Where joint accounts require the authority of two signatories, both account holders must sign.

\* For ClearView ClearChoice Super and LifeSolutions Super (held by HTFS as Trustee of the HUB24 Super Fund), direct debits cannot be made from a SMSF bank account.

I/We acknowledge and authorise that this debit be made through the Bulk Electronic Clearing System (**BECS**) from my account held at the bank I/we have nominated in this Application Form and will be subject to the terms and conditions of the 'Direct Debit Request Service Agreement'.

By providing a valid instruction in relation to my Direct Debit Request, I/we understand and agree to the terms and conditions governing the debit arrangement between myself and ClearView Life Assurance Limited as set out in this request and in the Direct Debit Request Service Agreement.

I/We understand that where a payment is dishonoured a fee may be charged.

Signature of account holder 1

Date

Signature of account holder 2

Date

### For insurance held in superannuation only

If you are paying your premiums with a contribution, rather than a rollover from another complying superannuation fund, please specify what type of contributions will be made. Please tick one box only.

Personal contribution

Spouse contribution

Employer contribution - Only available for Salary Sacrifice and Employer - other contributions.  
SG contributions are not accepted.

Employer company name

Employer company address

Employer ABN



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.

#### **Sending your form:**

##### **Mail**

ClearView  
GPO Box 4232  
Sydney NSW 2001

##### **Email**

clearviewlife.maintenance@clearview.com.au

##### **Enquiries**

132 979

ClearView LifeSolutions and ClearView ClearChoice are issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFSL No. 227682 (ClearView). ClearView LifeSolutions Super and ClearView ClearChoice Super are issued by HTFS Nominees Pty Limited: ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659.  
**clearview.com.au**

All other life insurance products are issued by ClearView.