

Change of customer details

Insuranceline

Any questions?
Please call us

 **1300 880 750**

Return this form by email to customerservice@insuranceline.com.au or mail to Insuranceline, Reply Paid 5380, Sydney NSW 2001.

Policy Owner	<input type="text"/>
Policy Number	<input type="text"/>
Signature	<input type="text"/>

Part A - Change of address

Old Address	<input type="text"/>		
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
New Address	<input type="text"/>		
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
Email Address	<input type="text"/>		

Part B - Change of phone number

Old Phone Number	<input type="text" value="Home"/>	<input type="text" value="Work"/>	<input type="text" value="Mobile"/>
New Phone Number	<input type="text" value="Home"/>	<input type="text" value="Work"/>	<input type="text" value="Mobile"/>

Part C - Change of banking details

Payment Frequency

Fortnightly on	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Starting from	<input type="text" value="dd/mm/yyyy"/>
Monthly on the	<input type="text"/>		of each month (enter a date between 1st and 28th of the month)				

Payment Method

Card Type	Debit <input type="checkbox"/>	Credit Card <input type="checkbox"/>		
I authorise the debit of my premium from my	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Expiry Date	<input type="text"/>
Account 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"/> <input type="text"/>			

Direct Debit Request

I request and authorise TAL Life Limited (User Number: 245 397) to arrange, through its own financial institution, a debit to the account nominated below of any amount TAL Life Limited has deemed payable by me.

BSB Number (Branch Number) -

Name and Address of the Bank/Financial Institution

Account Name

Account Number

I authorise TAL Life Limited (User Number: 245 397) to debit my premiums and any arrears (if applicable) from either my credit card or through the Bulk Electronic Clearing System, according to whichever authorisation I have completed above. If using the direct debit system, I confirm that I have read the Direct Debit Request Service Agreement. **For joint accounts, if required, both account holders must sign below.**

Sign here	<input type="text"/>	Date	<input type="text" value="dd / mm / yyyy"/>
Sign here	<input type="text"/>	Date	<input type="text" value="dd / mm / yyyy"/>

Products are issued by TAL Life Limited ABN 70 050 109 450 AFSL 237848 and, for Involuntary Unemployment Cover, St Andrew's Insurance (Australia) Pty Ltd ABN 89 075 044 656 AFSL 239649 (the insurers). TAL Direct Pty Limited ABN 39 084 666 017 AFSL 243260 (TAL Direct) has been authorised under an arrangement with the insurers to enter into, vary or cancel insurance cover on behalf of the insurers as if it were the insurers. Insuranceline is a trading name of TAL Direct.

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 **1300 880 750**

Service Agreement

Mail: Reply Paid 5380, Sydney NSW 2001

Email: Customerservice@insuranceline.com.au

This Agreement is issued by TAL Life Limited (TAL), to enable you to understand your rights and responsibilities when making premium payments by direct debit. It allows TAL to debit your nominated account to meet the premiums for your policy. Please keep this Agreement in a safe place for future reference.

TAL sends the request to debit your account to your nominated financial institution on the day you have specified. This debit will appear as 'Insuranceline' on bank or credit card statements. It may take your financial institution 1–3 business days to process this request and physically withdraw the funds from your account. Please ensure that you leave funds in your account until the deduction has cleared to avoid incurring a dishonour charge from your financial institution.

How to make changes

Please contact us on the details at the top of this form and allow at least two business days notice before your next premium due date for either:

- altering any of your direct debit or financial institution details; or
- delaying, stopping or suspending any debits, or cancelling the Agreement completely. If you do any of these, you will need to make alternative arrangements for future premiums to continue your policy. Alternatively, you may request a stop or cancellation by contacting your financial institution. If you do this you may incur a fee from your financial institution.

Our commitment to you

We will ensure that we:

- will give you at least 14 days written notice if there are any changes to the terms of this Agreement; and
- will keep all 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.

Your commitment to us

Please ensure that:

- you check your account details against a recent bank statement;
- the account you have nominated 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;
- all account holders for this nominated account agree to this Agreement; and
- there are sufficient funds available in the nominated account, on the due dates, to cover the premiums. 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 TAL if direct debits are returned.

If a premium due date falls on a weekend or a public holiday, we will automatically debit the payment on the next business day.

If you are unsure about which day your account has or will be debited, you should ask your financial institution. If you want to change or cancel this agreement, or dispute a debit, please contact our Customer Care team on **1300 880 750**. In the unlikely event of a complaint not being resolved satisfactorily, you can address a formal complaint to Insuranceline, Reply Paid 5380, Sydney NSW 2001. Alternatively you can contact your financial institution for assistance.

This Service Agreement is administered by Insuranceline on behalf of the product issuer, TAL Life Limited.

The ways in which Insuranceline and St Andrew's collect, use, disclose and secure your personal information are set out in their respective Privacy Policies available at www.insuranceline.com.au/Privacy-Policy and www.standrews.com.au.

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