

# Change of Details Form

1 September 2016

## OnePath Life Limited

ABN 33 009 657 176 AFSL 238341

## OnePath MasterFund

ABN 53 789 980 697 RSE R1001525

## OnePath Custodian Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

242 Pitt Street, Sydney NSW 2000

## Customer Services

Phone 133 667

Fax 02 9262 5319

Email [customer.risk@onepath.com.au](mailto:customer.risk@onepath.com.au)

Website [onepath.com.au](http://onepath.com.au)

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

- OneCare
- OneCare External Master Trust
- WOP (World of Protection)
- OneCare Super
- OneCare held in an SMSF

### 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, GPO Box 4148, Sydney NSW 2001;**

**Fax: 02 9262 5319; or**

**Email: [customer.risk@onepath.com.au](mailto:customer.risk@onepath.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

Postal address (if different from above)

Suburb/Town  State  Postcode

Country

Phone Home  Business

Mobile  Fax

Email

## 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)

### Section 1 – Direct Debit Authority

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 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

Address of financial institution

Suburb/Town  State  Postcode

### Details of account to be debited

Name of account holder

BSB number    -    Account number

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

Signature 1

Date (dd/mm/yyyy)

Signature 2

Date (dd/mm/yyyy)

**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

Card number  Expiry date (mm/yy)  /

Card holder's signature  Date (dd/mm/yyyy)  /  /

**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, storage and disclosure of my/our personal information (including health information) as described in OnePath's Privacy policy which is available on the website onepath.com.au or by calling Customer service on 133 667.

If I have provided information about another person in this form (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Life requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at the website onepath.com.au

<b>Signature of policy owner</b> (sign clearly within the box)	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Signature of policy owner two</b> (if applicable)	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Signature of policy owner three</b> (if applicable)	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Signature of policy owner four</b> (if applicable)	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>

# Direct Debit Request Service Agreement

1 September 2016

## OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

242 Pitt Street, Sydney NSW 2000

## Customer Services

**Phone** 133 667

**Fax** 02 9262 5319

**Email** [customer.risk@onepath.com.au](mailto:customer.risk@onepath.com.au)

**Website** [onepath.com.au](http://onepath.com.au)

**Please keep this document in a safe place**

## Our commitment to you

We will:

- 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 the changes are made at your request
- keep information relating to your direct debit request private and confidential.

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 arrangement
- 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 your financial institution before completing the direct debit request, in the event that you have any queries about how to complete the direct debit request.

If there are insufficient funds in your account, you may be charged a fee by your financial institution. We will not charge a fee.

## Your rights

You may defer, alter or cancel the debiting arrangements you hold with us at any time by providing notice to us.

Such notice should be received at least 14 days before the next debit is due.

Where you consider that a debit has been initiated incorrectly, you should contact OnePath Life directly. We will then investigate your query.

If we find that your account has been incorrectly debited we will arrange for your 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 reasons and any evidence for this finding.

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