

The Insurer and Issuer is TAL Life Insurance Services Limited ABN 31 003 149 157 AFSL 233728 (TLISL), except for Term Life as Superannuation, Income Protection as Superannuation, and Income Protection Assured as Superannuation, which are issued by Mercer Superannuation (Australia) Limited ABN 79 004 717 533 AFSL 235906 (MSAL) as trustee of the Mercer Super Trust ABN 19 905 422 981. MSAL does not guarantee the insurance. TLISL is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). MSAL is not part of the TAL group of companies. BT is a trade mark of BT Financial Group Pty Limited ABN 38 087 480 331 and is used by each of TLISL and MSAL under licence. This information does not take into account your individual needs, objectives or financial situation. You should read the Product Disclosure Statement (PDS) before making a decision to purchase or continue to hold a product. A PDS can be obtained by visiting btlifeinsurance.tal.com.au or calling 1300 553 764.

DETAILS OF INSURED PERSON

Title

| | | | | | | |
|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|---|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Dr <input type="checkbox"/> | Mx <input type="checkbox"/> | Other (please specify) <input type="text"/> |
|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|---|

Given name(s)

Surname

Address

| | | |
|-----------------------------|----------------------------|-------------------------------|
| Suburb <input type="text"/> | State <input type="text"/> | Postcode <input type="text"/> |
|-----------------------------|----------------------------|-------------------------------|

Date of birth (dd/mm/yyyy)

Gender

 M F

Home phone number

Work phone number

Mobile phone number

Policy number

Adviser number

Portfolio number

Payment method – Select one box only. Direct Debit Account from my financial institution Complete Section 1 below. Credit card Complete Section 2 below (not applicable for Foundation Plan).**Payment frequency – Select one box only.** Monthly Quarterly Half yearly Yearly

SECTION 1 – FINANCIAL INSTITUTION DETAILS TO BE DEBITED

I/We request and authorise the Insurer (Debit User ID No. 002631) to debit my/our account referred to below, amounts which the Insurer may debit or charge me/us through the direct debits payments system (also known as the Bulk Electronic Clearing System) in relation to my/our Policy.

Name of financial institution

Account name

BSB number

Account number

Address of the Financial Institution Branch

| | | |
|-----------------------------|----------------------------|-------------------------------|
| Suburb <input type="text"/> | State <input type="text"/> | Postcode <input type="text"/> |
|-----------------------------|----------------------------|-------------------------------|

i Please complete the information below if the account holder is different to the Insured Person.

ACCOUNT HOLDER 1

Title

| | | | | | | |
|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|---|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Dr <input type="checkbox"/> | Mx <input type="checkbox"/> | Other (please specify) <input type="text"/> |
|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|---|

Given name(s)

Surname

Address

| | | |
|-----------------------------|----------------------------|-------------------------------|
| Suburb <input type="text"/> | State <input type="text"/> | Postcode <input type="text"/> |
|-----------------------------|----------------------------|-------------------------------|

Home phone number

Work phone number

Mobile phone number

Email address

ACCOUNT HOLDER 2

Title

| | | | | | | |
|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|---|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Dr <input type="checkbox"/> | Mx <input type="checkbox"/> | Other (please specify) <input type="text"/> |
|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|---|

Given name(s)

Surname

Address

| | | |
|-----------------------------|----------------------------|-------------------------------|
| Suburb <input type="text"/> | State <input type="text"/> | Postcode <input type="text"/> |
|-----------------------------|----------------------------|-------------------------------|

Home phone number

Work phone number

Mobile phone number

Email address

I/We understand and acknowledge that this debit arrangement is governed by the terms of the Direct Debit Request Service Agreement outlined on page 2 of this form.

Signature of account holder(s) – (if debiting from a joint bank account, both signatures are required).

Signature 1

Date (dd/mm/yyyy)

Signature 2

Date (dd/mm/yyyy)

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This agreement does not apply to a Policy held through a Platform Investment or Platform Super account.

This agreement sets out the terms on which you have authorised the Insurer (Debit User ID No. 002631) under your Direct Debit Request to arrange for amounts that become payable in respect of your BT Protection Plans Policy, to be made by deduction from your account at your financial institution (nominated account) using the direct debits payment system (also known as the Bulk Electronic Clearing System).

The direct debits will be made at the rate and frequency specified in the most recent policy schedule, membership certificate or renewal summary of the latest notice that we have provided to you (whichever is later).

1. We agree to be bound by this agreement when we receive your Direct Debit Request complete with the particulars we need to draw down an amount under it. Please ensure that you keep a copy of this agreement as it sets out certain rights you have against us and certain obligations you have to us in giving your Direct Debit Request.

2. You will need to:
 - complete a new Direct Debit Request for any other product you purchase from us, or if you move from one of our products to another; and
 - ask us to discontinue any Direct Debit Request that is in force if you cancel a product (debits may continue to be made to your nominated account until you do so).
 - Your Direct Debit Request authorises us to arrange for payment to us for the amounts, and at times, required by the terms of your Policy and your instructions to us in relation to it. It also enables any changes in those amounts and payment times to occur automatically – you will not need to complete a new form.
3. You can
 - cancel, vary, defer or suspend the Direct Debit Request; or
 - stop or suspend an individual debit from taking place under it, by calling us on 1300 553 764 Monday to Friday, 8.00am to 6.30pm (Sydney time) (in some cases, we will need your written confirmation). You need to allow us 6 working days before the next drawing date to process your request, or the debit may still be made. (You may also be able to stop an individual debit by contacting your own financial institution. You may be liable for financial institution charges if you do this – your financial institution should have information on these).
4. If a due date for a debit falls on a weekend or public holiday, the debit will be processed on the next business day. Please check with your financial institution if you are uncertain about when a debit will be processed to your nominated account.
5. You must ensure that you have sufficient cleared funds available in the nominated account by the due date to permit the payments under the Direct Debit Request. Please check with us if you are uncertain about when debits will be processed to your nominated account.
6. If a drawing is unsuccessful, we will not draw again until the next scheduled drawing date. If your drawing is to pay for insurance benefits, we will re-draw the missed payment/s as well as the current payment. Drawings will be suspended after three unsuccessful attempts. Your financial institution may charge you fees and interest for unsuccessful debits.
7. You may pay us otherwise than by direct debit if the direct debit fails as follows:
 - online by visiting www.btlifepayments.com.au to pay by credit or debit card.*
 - by telephone on 1300 553 764 to arrange a payment by credit or debit card.*
8. You should check your account: prior to the direct debit being applied to see if there are sufficient funds and after the direct debit is made to see that it has been correctly applied.
9. Please contact our Customer Relations Consultants on 1300 553 764 if you have any questions about your Direct Debit Request, such as concerns about a debit that we make under it. We investigate and deal with in good faith any dispute relating to an alleged incorrect or wrongful debit within 3 business days of receiving such a query, claim or complaint. This may include us and our bank reviewing our respective records. If necessary we will contact your financial institution to review its records. We will advise you as soon as practicable (generally within 5-10 days) depending on the nature and extent of the dispute, and the measure taken to resolve it. You may also dispute an amount we draw under the Direct Debit Request by contacting your financial institution.
10. We can vary this Service Agreement at any time after giving you at least 14 days notice of the changes.
11. We will keep information about your financial institution account details and records confidential except:
 - to the extent necessary to resolve any claim you might make relating to a debit which you claim has been made incorrectly or is a wrongful debt (which includes the provision or disclosure of such information to Westpac Banking Corporation ABN 33 007 457 141, the sponsor of our use of the direct debits payment system);
 - if you consent to disclosure of such information; or
 - we are required to disclose such information by law.
12. Direct debiting through the direct debit payments system is not available on all accounts provided by financial institutions. Please ensure that your financial institution allows direct debits on your nominated account before completing your Direct Debit Request. Also, before you complete your Direct Debit Request, it is your responsibility to check your nominated account details against a recent statement from your financial institution to ensure the details on your Direct Debt Request are completed correctly.
13. If you wish to notify us about anything relating to this agreement, you can contact us in writing:
 - by mail: GPO Box 5467, Sydney NSW 2001
 - by email: btlifeinsurance@tal.com.auWe will notify you by sending a notice to the address we have on file for this policy. Any notice will be deemed to have been received on the second banking day after sending.

* Eftpos cards without a Visa or MasterCard number are not accepted. American Express is not accepted.

SECTION 2 – CREDIT CARD PAYMENT (NOT APPLICABLE FOR INVESTMENT POLICIES)

I/We authorise the Insurer to:

- arrange for any amounts which become payable in relation to my/our policy to be debited to the credit card I/we have nominated, including any credit card issued in place of the nominated card as a result of that card being lost, stolen, upgraded or replaced; and
- obtain any updated expiry number from time to time if necessary from my/our financial institution.

Please indicate cross (✗) credit card to be used and complete card number

MasterCard Visa

Credit card number

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Expiry (mm/yy)

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|--|--|---|--|--|

Name on card

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Signature of cardholder

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Date (dd/mm/yyyy)

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|--|---|--|---|--|
| | / | | / | |
|--|---|--|---|--|

Please mail your completed Direct Debit Request to:

GPO Box 5467
Sydney NSW 2001

or email to: btlifeinsurance@tal.com.au