

# Payment authority form



## Policy information

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

Direct debit request by credit card

This direct debit applies to policy number(s)

I authorise the debit of my

Visa  MasterCard

Premium frequency

Monthly  Yearly

Preferred billing day (for monthly paid policies)

Name on card

Card number

Expiry date

Signature of card holder 1

Date

Signature of card holder 2

Date

Direct debit request from bank account

This direct debit applies to policy number(s)

I/we request and authorise ClearView (User identification number 022829), to debit my/our account at the financial institution nominated below. I/we confirm that I/we have read the 'Direct Debit Request Service Agreement' in the PDS and Policy Document and that I/we have the authority to make these payments.

Account name

Name of bank

BSB number

Account number

Premium frequency

Monthly  Yearly

Preferred billing day (for monthly paid policies)

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 on this payment authority 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 direct 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 LifeSolutions Super 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 (including salary sacrifice)

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 is issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFSL No. 227682 (ClearView). ClearView LifeSolutions Super and ClearView LifeSolutions Super Rollover 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](http://clearview.com.au)

All other life insurance products are issued by ClearView.