

Change of policy details form

Personal Protection Portfolio, Life Cover Super,
Simple LifeCover, EasyCover

Policy number

Policy number

Policy number

Policy number

Please PRINT and COMPLETE all relevant sections. Unless otherwise stated, all changes specified on this form will be applied to the policy number(s) given above.

We respect your privacy and handle your information in accordance with our privacy policy, available at acenda.com.au/privacy-policy

Section 1: Your policy details

Please select your product (if known):

☐

Personal Protection Portfolio

☐

Life Cover Super

☐

EasyCover

☐

Simple LifeCover

Current Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name(s)

Last name (trustee, individual, director or secretary)

Date of birth (DD/MM/YYYY)

Trust / Partnership / Company Name / Self Managed Super Fund

Postal address*

Unit number

Street number

PO Box

Street name

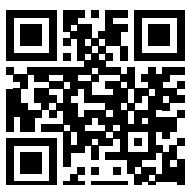
Suburb

State

Postcode

Country

***If you have changed your address please write the address Nippon Life Insurance Australia and New Zealand Limited (the Insurer) currently has recorded on your account(s).**



The Trustee
Equity Trustees Superannuation Limited
ABN 50 055 641 757 AFSL 229757

The Fund
Smart Future Trust
ABN 68 964 712 340

The Insurer
Nippon Life Insurance Australia and
New Zealand Limited
ABN 90 000 000 402 AFSL 230694

Insurance is issued by the Insurer. The Insurer is part of the Nippon Life Group.

Section 2: Change of details

Please provide your new name

Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other ☐	First name
Middle name 					Surname (Family name)

Please attach evidence of your change of name, such as an original certified copy of your marriage/divorce certificate, license or deed poll. Please sign using your previous and new signatures to enable us to cross-check your request.

Note, faxed or emailed copies are not accepted.

Previous Signature

	Date (DD/MM/YY)

New Signature

	Date (DD/MM/YY)

If the Policy Owner is a company and you wish to register any changes other than change of address or contact details, please call us **Acenda Client Service Centre** on **13 65 25**.

Change of address

Residential/Company address

Unit number 	Street number 	PO Box 	Street name
Suburb 	State 	Postcode 	Country

Postal address

☐ As above

Unit number 	Street number 	PO Box 	Street name
Suburb 	State 	Postcode 	Country

Change of contact details

Home telephone 	Best contact time am/pm	Day(s)
Work telephone 	Best contact time am/pm	Day(s)
Mobile 	Best contact time am/pm	Day(s)
Fax 	Email 	

Section 3: Tax File Number (TFN) details – Life Cover Super only

Please note: premiums will not be accepted where a member fails to provide their TFN.

Tax File Number (TFN)

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When collecting your TFN the Insurer and the Trustee are required to tell you:

- The Insurer and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993.
- It isn't an offence to decline to notify the Insurer and the Trustee of your TFN.
- If you don't notify the Insurer and the Trustee of your TFN, they may not be able to (now or in the future) locate, amalgamate and identify your benefits in order to pay you.
- The Insurer and the Trustee are allowed to use your TFN for lawful purposes, in particular if paying out monies, identifying and amalgamating super benefits for surcharge purposes and for other approved purposes.
- Your TFN will be disclosed to the Commissioner of Taxation. Your TFN will also be passed on to another super provider if your benefits are being transferred, unless you inform the Insurer and the Trustee in writing not to pass on your TFN. Your TFN won't otherwise be disclosed to any other person.

Section 4: Premium contribution type – Life Cover Super only

Please specify what type of premium contributions will be made by you or on your behalf? (please tick one box only).

☐ Personal	☐ Spouse
☐ Child	☐ Other

Employer Contributions

☐ Super Guarantee	☐ Salary Sacrifice
☐ Award	☐ Employer Voluntary

Section 5: Authorised representative

Do you wish to:

☐ Establish a new Authorised Representative on your policy.
☐ Replace an existing Authorised Representative on your policy.

Please complete the following section if you wish to appoint an Authorised Representative to have access to your information on this policy.

An authorised representative cannot transact on the policy and will stay in place indefinitely until a request to change is received in writing from you.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐	First name 										
Middle name 	Family name 										
Date of birth (DD/MM/YYYY) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Email
Acenda Customer Number (if existing customer) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											

Residential address

Unit number <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Street number <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					PO Box <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Street name
Suburb 	State <table border="1"><tr><td></td><td></td><td></td></tr></table>				Postcode <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Country 					

Section 5: Authorised representative continued

Contact details

Home telephone

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Business telephone

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Mobile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of Authorised Representative

	Date (DD/MM/YY)									

Section 6: Method of payment

Has there been a change to your method of payment?

No ☐ Your current method of payment will be used.

Yes ☐ Please complete the relevant sections as applicable.

6A Direct Debit Request Schedule

Complete this section if you want to pay your premiums by automatic deduction from your nominated financial institution account.

If you're with one of the smaller banks or credit unions you may need to check if they can accept a direct debit request from the Bulk Electronic Clearing System (BECS). This information should be available on your recent bank statement, on the bank's website, or call their customer service number.

Applicable to:

☐ Personal Protection Portfolio

☐ Life Cover Super

☐ EasyCover

☐ Simple LifeCover

Surname (company/business name)

--

Given name(s) (or ABN)

--

Family name

--

Given name(s)

--

Request the Insurer (ABN 90 000 000 402) (AFSL 230694) (User ID No. 534289) to draw money from my/our account conducted with:

Name of financial institution

--

Name of account holder

--

Address of financial institution

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State

--	--	--

Postcode

--	--	--	--	--

Name of Account to be debited

--

BSB

			-			
--	--	--	---	--	--	--

Account number

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Please note:

Direct debiting is not available on the full range of financial institution accounts. If in doubt, please refer to your financial institution before completing the Schedule

How frequently will premiums be paid?

☐ Monthly ☐ Half yearly* ☐ Yearly*

Preferred date (DD/MM/YYYY)

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*Not available for EasyCover or Simple LifeCover.

Section 6: Method of payment continued

I/We acknowledge that this Direct Debit Request Schedule is governed by the terms of the Direct Debit Request Service Agreement in Section 10 and the terms and conditions of the policy to which this application relates. I have read and agree with the Direct Debit Request Service Agreement in Section 10.

Signature of financial institution account holder 1

Name

X	Date (DD/MM/YY)					

Signature of financial institution account holder 2
(if applicable)

Name

X	Date (DD/MM/YY)					

6B Credit Card Deduction Authority

Complete this section if you want to pay your premiums by charging your nominated credit/debit card.

Applicable to:

☐

Personal Protection Portfolio

☐

Life Cover Super

☐

EasyCover

☐

Simple LifeCover

Name (as it appears on the card)

authorise the Insurer to charge my

Card type

☐

Mastercard

☐

Visa

Card number

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Expiry date (MM/YY)

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or any replacement/substituted card, for the premiums due on the policy.

Tick this box if this credit card deduction is for:

☐

both the **first and ongoing premiums**

☐

ongoing premiums only – a cheque is attached for the initial premium

☐

the **premium** only

If making regular payments from your credit card
how frequently will your premium be paid?

☐

Monthly

☐

Half yearly*

☐

Yearly*

Preferred date (DD/MM/YYYY)

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*Not available for EasyCover or Simple LifeCover.

Signature of cardholder

X	Date (DD/MM/YY)					

Section 6: Method of payment continued

6C Direct Payment of Premiums*

Complete this section if you want to pay your premiums direct to the Insurer by cheque or money order. Please note, this payment method is not available for EasyCover or Simple LifeCover.

Applicable to:

☐

Personal Protection Portfolio

☐

Life Cover Super

I wish to pay my premium directly to the Insurer:

☐

Half yearly

☐

Yearly

We will send you notices for premiums prior to the due date.

If you are making your first payment by cheque for **Personal Protection Portfolio**, make it payable to **the Insurer**, crossed 'Not negotiable'.

If you are making your first payment by cheque for **Life Cover Super**, make it payable to **Equity Trustees Superannuation Limited**, crossed 'Not negotiable'.

6D Rollover from external super fund – enduring authority

Only complete this section if you want to pay your premium by an ongoing annual deduction from your external super account. Please note you can only request one Life Cover Super policy to be paid by rollover by any one external super fund.

This section is a direction to the trustee of your nominated external super fund to rollover funds to the Smart Future Trust and a direction to the Trustee to apply those funds in payment of premiums for your insurance policy.

Please read – Important information

- The member must be the same for both the Life Cover Super policy and the external super fund account.
- If the rollover request is rejected by the external super fund for any reason the Trustee will request alternative payment details from you, otherwise the policy will lapse.
- An amount equal to the annual premium payable will be requested as a rollover from your external super account proximate to the annual anniversary date for your insurance policy. We will notify you of the amount of annual premium required prior to requesting the rollover from your nominated external super fund.
- You agree that if the Fund or the Trustee change at any time, then this enduring rollover authority applies to authorise the trustee and administrator of the successor fund, to continue the ongoing annual deduction from your external super account to pay your premium.

Your responsibility

- It is your responsibility to determine the impact the rollover may have on any entitlement you have in the external super fund.
- Please ensure the account balance with the external super fund is sufficient to allow for the rollover of the required amount and ensure you meet any minimum balance requirements of the external super fund.
- You authorise the trustee of the external fund to deduct any applicable fees or charges which may be payable as a result of the rollover from your external account.
- You discharge the trustee of the external super fund from any further liability in respect of rollover benefit once the amount is transferred to the Smart Future Trust.

Termination of arrangements

- You must notify the Trustee in writing if you wish to terminate the ongoing annual rollover arrangement. Until such time, this direction and authority remains valid.
- The Trustee may, at its discretion or as may be required by law or regulations, terminate arrangements for annual rollover of funds from a nominated external super fund.
- The Trustee may be able to claim a tax deduction for the premium it pays for your insurance and, at its discretion, may pass some or all of the benefit of this tax deduction to you by reducing the amount of the rollover required to meet the premium, when the roll over comes from a taxed source.

Section 6: Method of payment continued

Rollover details

Transferring from

Please complete details of the super fund from which the rollover payment is being requested.

Please contact your existing super fund (transferring fund) to confirm if they have any additional requirements, such as proof of identify documentation, before they can action this rollover authority. Please complete all details and ensure you provide the fund's Australian Business Number (ABN) and Unique Superannuation Identifier (USI).

The Trustee cannot accept certain rollovers, such as pension or super amounts transferred from the UK or New Zealand Kiwi Saver or untaxed amounts. It is your responsibility to ensure these types of amounts do not form part of your benefit in your nominated external super fund account.

Transferring from (Please tick one box only):

☐

External Super Fund

External fund name

External fund product name

External membership account number

Unique Superannuation Identifier (USI)

External fund ABN

☐

Self-managed Super Fund (SMSF)

SMSF Name

Electronic Service Address (ESA)

BSB

Account number * for Self Managed Super Fund only

ABN

Transferring to

The requested rollover payment will be transferred to Acenda Life Insurance Unique Super Identifier (USI) – 68964712340017.

The Trustee will request the exact amount applicable to pay the insurance premium for the Life Cover Super policy number listed in this form. Please note you can only request one Life Cover Super policy to be paid by rollover by any one external fund.

Authority and Declaration

Until further notice in writing:

- I direct and authorise the trustee of my nominated external super fund (listed in section 6D) to effect the annual rollover of funds (as may be requested by the Trustee on my behalf).
- I give my nominated external super fund named in section 6D of this form, and the Trustee authority to exchange relevant information to facilitate the requested rollover of funds, including disclosing my tax file number; and
- I authorise the Trustee to apply those funds to pay for premiums for my Life Cover Super policy.

I declare:

- The information provided in this form is true and correct.
- I have read the Important information section of section 6D.

Full name of member

Signature of Life Insured/Member

	Date (DD/MM/YY)				

Section 7: Exceptions for change

Changes will apply to all policies listed on this form unless indicated below.

Question(s) does not apply to Policy number(s)

Section 8: Declaration

Read this section carefully before signing.

I understand and agree that:

- The details provided by me in this form are true and complete. If any sections of this form have not been completed in my handwriting, I certify that I have checked them and the information provided is correct.
- If I have nominated or changed my Authorised Representative in respect of my policy I understand and accept the terms of that authorisation, and my responsibilities in respect of that authorisation.

Signature of Policy Owner / Member 1*

Name

X	Date (DD/MM/YY)			

Signature of Policy Owner / Member 2* (if applicable)

Name

X	Date (DD/MM/YY)			

* FOR POLICY OWNER(S) OF Personal Protection Portfolio Only

Signature of the parent or guardian is required if policy owner is under 16 years of age.

In the case where the Policy Owner is a Company;

- Two directors or a director and company secretary are to sign; or
- In the case of a sole director proprietary company only

☐

Sole Director and Sole Secretary (indicate by ticking box)

Section 9: Send us your form

Please return your completed form to:

Acenda - Operations

PO Box 23455

Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT), Monday to Friday.

Section 10: Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement is issued by the Insurer, ABN 90 000 000 402 (User ID no. 534289).

This Service Agreement and the Direct Debit Request Schedule in your application contain the terms and conditions by which you authorise us to draw (debit) money from your account and the obligations of us and you under this Agreement. You should read through them carefully to ensure you understand these terms and conditions before signing the Schedule. Please direct all enquiries about your direct debit to us on **13 65 25**.

Our commitment to you

We will give you at least 30 days' notice in writing if there are changes to the terms of the drawing arrangements.

We will keep the details of your nominated Financial Institution account confidential, except where provided to our bank or as required to conduct direct debits with your Financial Institution.

Where the due date is not a business day, we will draw from your nominated Financial Institution account on the business day before or after the due date in accordance with the terms and conditions of your policy.

If there is a dishonour of a draw, we may re-attempt to draw that dishonoured amount, in addition to the next payment, on the next due date. We will tell you of the proposed second attempt draw in advance of doing so.

We will not charge you for any dishonours, however:

- if your account dishonours, your Financial Institution may charge you a fee
- We reserve the right to cancel drawing arrangements if drawings are dishonoured by your Financial Institution.

Your commitment to us

It is your responsibility to:

- ensure your nominated account(s) shown in the Direct Debit Schedule are correct and that your nominated financial institution account can accept direct debits through the Bulk Electronic Clearing System (BECS)
- ensure there are sufficient funds available in the nominated account to meet each drawing on the due date
- advise us if the nominated account is transferred or closed, or the account details change
- arrange an alternate payment method acceptable to us if we cancel the drawing arrangements, and
- ensure that all account holders on the nominated Financial Institution account sign the Direct Debit Request Schedule.

Your rights

Your drawing arrangements are detailed in the Direct Debit Request Schedule of your application. They are also governed by the terms and conditions of your policy. You should contact us on **13 65 25**, providing at least 7 days notice, if you wish to alter the drawing arrangements. You can:

- alter the Schedule
- cancel the Schedule
- stop an individual drawing
- defer a drawing
- suspend future drawings.