

Payment authority request

We respect your privacy and handle your information in accordance with our privacy policy, please refer to the Privacy link on our homepage acenda.com.au

Please list only the application number and/or policies that you want to provide payment instructions for:

Application number	Policy number
Policy number	Policy number

Please complete only the relevant sections. Instructions to pay from a super fund (including external Rollovers) can only apply to policies held inside super (that is, policies owned by SMSF or Equity Trustees Superannuation Limited). For policies held outside super (ordinary policies) you cannot pay premiums out of a super fund.

1. Change who pays the premium

Complete this section if you would like to change who pays the premium.

Please tick who will pay the premium:

☐ Life Insured / Member ☐ Policy Owner ☐ Other – please complete the details below

If the payer is an individual

Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other ☐	First name
Middle name					Last name
Date of birth (DD/MM/YYYY)					
Unit number	Street number	Street name			
Suburb	State	Postcode	Country		
Home telephone	Business telephone	Mobile			

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.



If the payer is a company

If we already have your company details, please only complete 'Name of Authorised Person'.

Full name as registered by ASIC

ACN/ABN

Name of Authorised Person

Unit number

Street number

Street name

Suburb

State

Postcode

Country

2. Change your premium contribution type if Acenda Insurance (Super) only

Only complete this section if the application is for Acenda Insurance (Super). Please specify what type of contributions/payments will be made by you or on your behalf. Please tick one box only.

Contributions

Please specify what type of contributions/payments will be made by you or on your behalf. Please tick one box only.

All required information must be provided before we can accept contributions.

☐ Employer ☐ Personal ☐ Spouse ☐ Salary Sacrifice

If Employer, please complete the following:

Company name

ABN

Name of Authorised Person

Company address

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

3. Update your ongoing payment method

Please complete one of the following sections to update your payment method. This will cancel your previous payment method for the policy(ies) you have specified.

Payment method	Complete section
Direct debit request/Credit card deduction	4
Payment by cheque	5
Eligible wrap platforms account deduction	6
Rollover from external super fund - annual premium for Acenda Insurance (Super) only	7

4. Direct Debit Request / Credit Card Deduction

Only complete this section if you want to pay your premiums by automatic deduction from your nominated financial institution account or credit card.

Direct Debit Request details

If you're with one of the smaller banks or a credit union you 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.

I/We,

Last name (or company/business name)

First name (or ABN)

Last name

First name

request and authorise **Nippon Life Insurance Australia and New Zealand Limited (the Insurer) ABN 90 000 000 402 User ID 534289** to arrange, through its own financial institution, a debit to my/our nominated account of any amount the Insurer has deemed payable by me/us. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my/our account held at the financial institution I/we have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name of Financial Institution

Name of account to be debited

Unit number

Street number

Street name

Suburb

State

Postcode

Country

BSB number

Account number

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 this request.

How frequently will premiums be paid?

☐ Monthly ☐ Half-yearly ☐ Yearly

Preferred draw date of the month

Credit Card Deduction details

I (Name as it appears on the card)

authorise the Insurer to charge my

☐ Mastercard ☐ Visa

Card number

Card expiry date (MM/YY)

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

How frequently will premiums be paid?

☐ Monthly ☐ Half-yearly ☐ Yearly

Preferred draw date of the month

To be completed for all Direct Debit Requests / Credit Card Deductions

I/We acknowledge that this Direct Debit Request is governed by the terms of the Direct Debit Request Service Agreement in Section 9 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 9.

Signature(s) of Financial Institution account holder(s) or cardholder

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

5. Payment by cheque

Only complete this section if you want to pay your premiums direct to us.

How frequently will premiums be paid? ☐ Half-yearly ☐ Yearly

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

6. Deduction from an eligible wrap platforms account

Only complete this section if you want to pay your Acenda policy premiums by a regular deduction from an eligible wrap platforms account. Please refer to acenda.com.au/using-your-insurance/how-to-pay-your-insurance-premiums for a list of eligible accounts.

Please note:

- If you have an Acenda Insurance (Super) policy, you can't use your eligible wrap platforms account. Instead, you'll need to replace your policy with an Acenda policy by completing a new Application form.
- If you have an Acenda policy where deductions are paid from your eligible wrap platforms super account and wish to change the payment details, you'll need to replace your policy by completing a new Application form.

I/We,

Last name (or company/business name)

First name (or ABN)

Last name

First name

request the platform administrator until further notice to debit my/our investment account any amounts which the Insurer (ABN 90 000 000 402) (AFSL 230694) may charge me/us.

Name of account:

For Acenda Insurance (Wrap or SMSF)
(Please tick one box only):

☐ Expand Extra Super

☐ Expand Essential Super

☐ IOOF Personal Super

☐ Shadforth Portfolio Service – Super

For Acenda Insurance (outside super)
(Please tick one box only):

☐ Expand Extra Investment

☐ Expand Essential Investment

Account number

How frequently will premiums be paid?

☐ Monthly ☐ Half-yearly ☐ Yearly

Preferred draw date of the month

I understand and acknowledge that:

- The Insurer may, by prior arrangement or advice to me, vary the amount and frequency of future deductions, and
- The Insurer may, in its absolute discretion, at any time, by notice in writing to me, terminate this request as to future deductions.

Signature(s) of account holder(s)

	Date (DD/MM/YYYY)						

	Date (DD/MM/YYYY)						

7. 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 Acenda Insurance (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 Acenda Insurance (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.

Rollover details

7A 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 identity 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

7A Transferring from continued

☐ Self-managed Super Fund (SMSF)

SMSF Name

Electronic Service Address (ESA)

BSB

Account Number

ABN

7B 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 Acenda Insurance (Super) policy number listed in this form.

7. Rollover from external super fund – Authority and Declaration

Until further notice in writing:

- I direct and authorise the trustee of my nominated external super fund (listed in section 7A) 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 7A 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 Acenda Insurance (Super) policy.

I declare:

- The information provided in this form is true and correct.
- I have read the Important information section on page 5.

Full name of member

Signature of Life Insured/Member

	Date (DD/MM/YYYY)					

8. A notification about your privacy

The Insurer and the Trustee (collectively 'we' or 'us') are bound by the Privacy Act 1988 (Cth). Before providing us with any personal information, you should read the below information about your privacy. We collect, use, store and disclose personal information, including sensitive information (such as health information) when required, about you in order to comply with our legal obligations and in order to provide you with products and services (eg changing your insurance cover, paying a claim or collecting premiums or superannuation contributions from you). For the purpose of providing you with products and services, we will disclose this information to each other, to your adviser if you have one (and the licensed dealer or broker he or she represents), our affiliates and other companies in our corporate groups, to other insurers, reinsurers, superannuation fund trustees and their service providers (including administrators), to our agents, contractors, service providers and administrators (including those involved in providing support where your insurance is held in super), medical service partners (eg medical practitioners and health practitioners), legal representatives and other consultants, and where we are required or permitted to by law. By signing this form, you will be consenting to us, and those other organisations and professionals acting on our behalf, to collecting, and disclosing as required, the sensitive information for this purpose. We may obtain information from each other, government offices and third parties for the purposes of providing you with products and services.

Our privacy policies include more details about how we collect, use, store and disclose your personal information, a list of countries in which recipients of your information are likely to be located, details of how you can access or correct the information we hold about you or make a complaint. We encourage you to review the privacy policies of both organisations, particularly if hold insurance through super with us. Our privacy policies can be obtained as follows:

Insurer

Please refer to the Privacy link on our homepage – acenda.com.au contact us by telephone on **13 65 25** or email us at enquiries.retail@acenda.com.au

Trustee

Please refer to eqt.com.au/global/privacystatement or call **(03) 8623 5000**.

Send us your form

Please return your completed, signed and dated 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.

9. 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** between 8.30am and 6pm (AEST/AEDT), Monday to Friday.

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, and
- 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 is 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 Acenda policy. You should contact us on **13 65 25** between 8.30am and 6pm (AEST/AEDT), Monday to Friday, 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, or
- suspend future drawings.