



REQ 241579

Policy: 1340391 Darren Noonan
Please fax this completed form without a cover page to 1800 300 072

risk | superannuation

DIRECT DEBIT REQUEST

TOWER Australia Limited ABN 70 050 109 450

By filling out this form, you will be deemed to have agreed to the terms and conditions appearing on page 2 of this form. This form and those terms and conditions will be deemed to be the Direct Debit Request Service Agreement between you and TOWER Australia Limited ("TOWER") for the purposes of the Direct Debit System.

Please fill out this form in capital letters using a black or blue pen

01	YOUR DETAILS			
PERSONAL DETAILS		Surname		
		Given Names		
TOWER POLICY NUMBERS		Date of Birth / /		
ADDRESS		Unit No.	Street No. Street Name	
		Suburb	State Postcode	
		Telephone number		

02	YOUR ACCOUNT DETAILS			
Please fill in the following information about the account from which you wish direct debit payments to be drawn				
YOUR ACCOUNT DETAILS		Name of Bank		
		Branch		
BSB Number		Account Number		
Name of joint account holder (if applicable)				
Note: Direct debit may not be available with all banks. If in doubt, refer to your bank.				

03	AUTHORISATION		
I/We request and authorise TOWER Australia Limited ABN 70 050 109 450 (Direct Debit System User Identification Number 245397) until further notice in writing from me/us, to instruct the Bank (details of which appear in 2 above) to debit my/our account (details of which appear above), with all amounts payable by me/us periodically under the policy/ policies (described in 1 above) on the day on which each payment is due through the Direct Debit System.			
I/We understand and acknowledge:			
<ul style="list-style-type: none"> the terms and conditions attached with this form relating to the Direct Debit System, and agree that this Direct Debit Request and those terms and conditions will be deemed to be the Direct Debit Request Agreement between me/us and TOWER for the purposes of the Direct Debit System; that TOWER may, in its absolute discretion, by notice in writing to me/us of no less than 14 calendar days: <ul style="list-style-type: none"> (a) terminate this Direct Debit Request as to future debits; or (b) vary the amount or frequency of future debits. 			
Personal and sensitive information is collected from you to enable TOWER to provide the product or service you request. Without this information, TOWER cannot provide this product or service. Your personal information may be disclosed to TOWER and any relevant bodies corporate including the following 3rd parties, where necessary: health professionals; your (or your employer's, if relevant) Adviser or Financial Planner; other companies within the TOWER Group; organisations to whom we outsource our mailing, administration and information technologies; the Insurance Reference Service; investigators; the Trustee (if relevant); the administrator of the product or fund; reinsurers; government regulatory bodies; lawyers; accountants. By signing this form you consent to TOWER and these organisations collecting your personal and sensitive information. In accordance with Privacy legislation, you can also obtain access to your information.			
Your Signature (If a company, signature must be of authorised signatory/signatories)✕		✕	
		Date / /	