

Claims payment direct credit request/ Superannuation claim benefit payment request



Policy details

Policy number(s)

Customer details (please insert name in full)

Title

Surname

Given name(s)

Postal address

Street number and name

Town/Suburb

State

Postcode

Direct credit request

Financial institution and account details

Your benefit payment will be paid directly into your bank account/financial institution. To enable us to do this, please provide your details in the spaces provided below.

Name of bank/financial institution

Address of bank/financial institution

Town/Suburb

State

Postcode

Bank/Institution branch name

Account name

BSB number

Account number

Signature of policy owner(s)

Date

Superannuation benefit payment request

Superannuation fund details

If applicable to your policy, part of your benefit payment can be paid directly to your superannuation fund. To enable us to do this, please provide full name and banking details (including your membership number) of your superannuation fund below.

Name of superannuation fund

Address of superannuation fund

Town/Suburb

State

Postcode

Member number

Reference number (if required)

Bank/Institution name

Branch name

BSB number

Account number

Signature of policy owner(s)

Date