

Direct Debit Request

Direct Debit Request Service Agreement

The following terms and conditions relate to the use of direct debit payments to your bank or financial institution account or credit card. You (or the Account Holder if different from you) will need to keep this document with your records.

This Direct Debit Request Service Agreement is issued by MetLife Insurance Limited (MetLife) ABN 75 004 274 882 AFSL No. 238096.

1. You are responsible for ensuring the nominated account can accept direct debits and there are sufficient clear funds available in the nominated account to permit payments on the due date.
2. We will initiate debits from your nominated bank account or credit card in accordance with your application.
3. We agree to provide not less than 14 days' notice to you if we propose to vary these arrangements.
4. You may request deferment of/or alteration to the agreed drawing schedule by writing to:
MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001. We reserve the right to decline this request.
5. You (or the account holder if different to you) can cancel, defer the direct debit, or suspend an individual debit from taking place under it, by notifying us by phone, fax, or by notice in writing. You need to allow us 14 days to process any cancellation, deferment or suspension.
6. In the event you disagree with any debit under the arrangement with us, you should call us on 1300 555 625 or write directly to The Dispute Resolution Manager at the address in point 4.
7. Direct debits will be done on the same date of the relevant month unless otherwise agreed. When the due date for payment falls on a day that is not a business day, we will debit your account on the next business day.
8. In the event that your financial institution refuses to pay any direct debit made under the arrangement, we will write to you requesting alternative payment.
9. We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. We will only disclose information that we have about you:
 - to the extent specifically required by law; or
 - for the purposes of this agreement (including disclosing information in connection with any query or claim).
10. Initially, you should direct any request for stops or cancellations to us.

Privacy - Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' and the 'Insurer')

The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so, we may not be able to provide you with our products or services.

MetLife Insurance Limited complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy, which details information about how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy

Direct debit or credit card request

| | |
|------|---------------|
| Name | Policy number |
|------|---------------|

Direct debit or credit card request

This form is to authorise MetLife Insurance Limited (MetLife, User ID 11238) to debit premiums from your account with another financial institution.

Name of account holder/s

| | |
|-------------------------------|-------------------------------|
| Name of financial institution | Name of account to be debited |
| BSB number | Account number |

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement included in this form and the conditions of my policy.

Account holder's signature

▶ _____

Date (dd/mm/yyyy)

Account holder's signature (if joint account)

▶ _____

Date (dd/mm/yyyy)

Credit card

I authorise MetLife Insurance Limited to charge my (tick one)

Visa Mastercard American Express Diners

Card holder's name

Card number

Expiry date

Card holder's signature

▶ _____

Date (dd/mm/yyyy)

Please return completed form to

MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or scan the form and upload to www.metlife.com.au/formsupload.

For assistance with the completion of this form, please call 1300 555 625 Monday to Friday 8am - 6pm AEST.

metlife.com.au

Products are offered by MetLife Insurance Limited (MetLife) which is an affiliate of MetLife, Inc. and operates under the “MetLife” brand. None of the obligations of MetLife are guaranteed by MetLife, Inc. (Incorporated in the USA) or any other member of the MetLife group.



MetLife Insurance Limited | Level 9, 2 Park Street, Sydney | NSW 2000

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